

**National Casualty Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258



SierraSpecialty

**Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Insurance Company**

Home Office: One Nationwide Plaza  
Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**VALET PARKING SUPPLEMENTAL APPLICATION**  
**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

**Complete a separate supplemental application for each location.**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Applicant's Name: \_\_\_\_\_
2. Provide years of experience in valet parking services: .....
3. Provide years in business:.....
4. Name of business for which you provide valet parking services: \_\_\_\_\_  
 Address of business for which you provide valet parking services: \_\_\_\_\_  
 Type of establishment you are providing valet parking services for: \_\_\_\_\_  
 Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No  
 If yes, do you have a certificate of insurance on file?.....  Yes  No  
 Is there a contract in place between establishment and valet service? .....  Yes  No
5. Number of valet parking spaces reserved:.....  
 What is the average value of the vehicles parked?.....  
 What is the maximum value of the vehicles parked? .....
6. Is the parking lot on the same premises of the establishment? .....  Yes  No  
 If no:  
 How far away is the lot? \_\_\_\_\_  
 What is the address of the lot? \_\_\_\_\_  
 Do you cross any public streets that are more than two lanes wide? .....  Yes  No  
 Are parked vehicles within 1,000 feet of the attendant?.....  Yes  No  
 Is the lot attended at all times? .....  Yes  No
7. Are customer's vehicles parked on a street? .....  Yes  No
8. Do you perform any directing of traffic?.....  Yes  No  
 If no, is directing of traffic subbed out?.....  Yes  No
9. Do you use a two or three part ticket system? \_\_\_\_\_
10. Where are the customer's keys kept? \_\_\_\_\_
11. Do you refuse to give keys to an obviously intoxicated person?.....  Yes  No

12. Is overnight parking allowed? .....  Yes  No  
If yes, how are customer's keys kept secure after valet hours? \_\_\_\_\_

Does the establishment assume liability when customer keys are relinquished to the establishment? .....  Yes  No

13. Is self parking permitted in the same lot? .....  Yes  No  
If yes, describe how valet parking area is designated and kept separate from self parking: \_\_\_\_\_

14. Do you provide valet parking services for special events away from these premises? .....  Yes  No  
If yes, complete a separate supplemental application for each event and location.

15. Do you perform other operations other than valet parking services? .....  Yes  No  
If yes, describe all other operations: \_\_\_\_\_

16. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_

17. Describe your hiring practices and employee control: \_\_\_\_\_

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirms and warrants that all of the above statements are true and accurate representations of my valet parking services.

APPLICANT'S NAME/TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active authorized representative, owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_