

# VALET PARKING SUPPLEMENT

Applicant Name: \_\_\_\_\_

Loc	Establishment Name & Address	Off Site Information	Establishment	Parking Information	
1)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5)		Do you Park off site? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes*: a) Off Site Address: _____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club <input type="checkbox"/> Resort <input type="checkbox"/> Condo <input type="checkbox"/> Other: _____	Hours: _____	# of Spaces: Valet _____ Self-Park _____
	On Site Lot - Garagekeepers Limit: \$ _____ Do you drive on or across street? <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Distance from Podium: _____ c) Off Site Lot - Garagekeepers Limit: \$ _____		Is Self-Parking Separate? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you Park on Street: <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Provide a map showing traffic route and distance from Establishment to Lot and back.

For the location(s) listed on this application:

1) What is the average value per vehicle? \$ \_\_\_\_\_ What is the maximum value per vehicle? \$ \_\_\_\_\_

2) Are you the owner of any of the listed premises?  Yes  No

If yes, which locations? \_\_\_\_\_

Is Commercial General Liability coverage in place?  Yes  No

3) Are off-site lots manned by an attendant or fenced and gated for controlled access?  Yes  No

If no, which locations? \_\_\_\_\_

4) Are keys secured in a locked cabinet and attended by an employee at all times?  Yes  No

If no, describe how you protect customers' keys: \_\_\_\_\_

5) Do you use at least a 3 part ticket (Keys, Car & Customer)?  Yes  No

6) Do you hire employees under age 21 as drivers?  Yes  No

7) Do you refuse to give an obviously intoxicated customer his or her car keys?  Yes  No

If no, what are your procedures for handling customers who are obviously intoxicated?  
\_\_\_\_\_

8) What are your standards for acceptable MVRs?  
\_\_\_\_\_

9) Do you offer services for special events *at locations not listed above*?  Yes  No

If yes, and you wish to include event pricing in quote\*:

Number of valet special events where parking is on-site: \_\_\_\_\_

Number of valet special events where parking is off-site: \_\_\_\_\_

*\*This will add pricing for events to your annual premium, not approval. Events must be submitted to carrier in advance for approval.*

*Pricing contemplates the driving distance for any Off-Site parking lot as no more than a half-mile away from the Podium with no street parking.*

**This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.**

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant