



VALET AND PARKING SUPPLEMENTAL APPLICATION

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

Table with 5 columns: Loc #, Business Name & Location Address, Type of Establishment, Hours and Days, # Parking Spaces. It contains 5 rows for data entry.

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

Are you the owner of the premises?  Yes  No

If yes, is Commercial General Liability coverage in place?  Yes  No

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

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

Do you park customer's cars off site? If Yes, provide a map with secondary address & traffic route.  Yes  No

Do you park customer's cars on the street?  Yes  No

Do you drive customer's cars on or across the street?  Yes  No

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

If yes, how many special events per year and describe locations. \_\_\_\_\_

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