



# VALET PARKING SUPPLEMENT

	LIST OF LOCATIONS	AVG VALUE PER AUTO	SPACES PER LOCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

UNDERWRITING INFORMATION		
	Yes	No
1. Are you the owner of premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is Comercial General Liability in place?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you requesting Garagekeepers coverage for autos that are self parked?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you drive or park customer's cars on or across any public street?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any employee(s)/driver(s) under 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you utilize a two-part or three-part ticket system?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are keys secured in a locked cabinet or attended by an employee at all times?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you offer valet parking for special events or locations not listed above? If yes, aproximately how many special events per year & describe types:	<input type="checkbox"/>	<input type="checkbox"/>
_____		
8. What is the maximum value of any one auto?	_____	
9. What are the hours & days of operation?	_____	
10. Name(s) & type(s) of establishment the valet parking is for?	_____	
_____		
_____		

Applicant's Signature

Date