



# VALET PARKING SUPPLEMENT

Valet Parking Locations (coverage will only be provided for addresses listed):

# of Valet Spaces Per Location

Loc. #1 \_\_\_\_\_

\_\_\_\_\_

Loc. #2 \_\_\_\_\_

\_\_\_\_\_

Loc. #3 \_\_\_\_\_

\_\_\_\_\_

Loc. #4 \_\_\_\_\_

\_\_\_\_\_

Loc. #5 \_\_\_\_\_

\_\_\_\_\_

1. Are you the owner of the premises? Yes  No

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

2. Do you drive or park customer's cars on or across any public streets?  
If yes, list location number(s): \_\_\_\_\_ Yes  No

3. Are any employee/drivers under 21 years old? Yes  No

4. Do you utilize a two-part or three-part ticket system? Yes  No

5. Are customers cars left over night? Yes  No

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

7. Do you offer valet parking for special events or locations not listed above?  
If yes, approximately how many special events per year and describe: \_\_\_\_\_  
\_\_\_\_\_

8. What is the average value of per vehicle? \_\_\_\_\_

9. What is the maximum value per vehicle? \_\_\_\_\_

10. What are the hours and days of operation? \_\_\_\_\_

11. Name & type of establishment that the valet parking is for? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature