

# VALET SUPPLEMENT

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

Establishment Name and Address	# Spaces	Parking Lot (if different than drop-off location)	# Spaces
Loc1 – Name & Type of Establishment: _____ Address _____	Valet _____ Self-Park _____	Address _____	Valet _____ Self-Park _____
Loc2 – Name & Type of Establishment: _____ Address _____	Valet _____ Self-Park _____	Address _____	Valet _____ Self-Park _____
Loc3 – Name & Type of Establishment: _____ Address _____	Valet _____ Self-Park _____	Address _____	Valet _____ Self-Park _____
Loc4 – Name & Type of Establishment: _____ Address _____	Valet _____ Self-Park _____	Address _____	Valet _____ Self-Park _____
Loc5 – Name & Type of Establishment: _____ Address _____	Valet _____ Self-Park _____	Address _____	Valet _____ Self-Park _____

1. Do you utilize a three-part ticket system?     Yes     No
2. Are keys stored in a locked cabinet?         Yes     No
3. Are autos left overnight?                     Yes     No
4. Do you perform traffic control?               Yes     No
5. Are auto parked on public streets?          Yes     No    If yes, provide details below
6. Are autos driven on public streets?          Yes     No    If yes, include off-premises address above & describe route taken below
7. Do you offer valet services for special events at unscheduled locations?     Yes     No  
     If yes:    a) Approximately how many events do you valet for per month? \_\_\_\_\_  
               b) Do you perform valet services at private dwellings?     Yes     No
8. Do you refuse to give keys to obviously intoxicated customers?             Yes     No
9. Do you have a written contract with the establishment(s) where you valet?     Yes     No
10. Will the business where you valet provide you with a GL cert of insurance?     Yes     No
11. Are you responsible for duties other than parking (lot maintenance, security, concierge, etc)?     Yes     No  
     If yes, describe below and provide a copy of the agreement in place that specifies the insured's responsibilities

**Additional Information/Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Applicant Name Printed

\_\_\_\_\_  
Date