

Valet Parking Supplemental Application

Name of Applicant: _____

<input type="checkbox"/> LIABILITY <input type="checkbox"/> Service	"Auto" only \$ _____ Each Accident Garage Operations - Other Than "Auto" \$ _____ Each Accident Aggregate – Other than "Auto" \$ _____ Policy Aggregate
<input type="checkbox"/> GARAGEKEEPERS <input type="checkbox"/> Legal Liability Causes of Loss <input type="checkbox"/> Specified – Other than Collision <input type="checkbox"/> Comprehensive – Other than Collision <input type="checkbox"/> Collision	See below \$1,000 Deductible mandatory for Collision and \$1,000/\$5,000 for Other Than Collision Coverage Note: Theft coverage is limited to theft of the entire vehicle.

Location	Location Address (including city and state)	Hours of Operation	Type of Establishment	Where are customers keys kept?	Is the area where customers keys are kept manned at all times?
1.					
2.					
3.					
4.					

Garagekeepers GK (Storage Location)				<input type="checkbox"/> Exclude Theft			
Location	Coverage	Number of Spaces	Total Value of All Autos	Maximum Value Any One Auto	Describe lot protection	Valet sections of parking lots kept separate from rest of parking area? (please describe)	What kind of parking ticket system do you use?
1.	GK						
2.	GK						
3.	GK						
4.	GK						

Location	Are these in parking garages?	Any on-street parking?	On-Site Parking?	Off-Site Parking?	If off-site parking, list location and distance from primary lot
1.					
2.					
3.					
4.					

1. Do you do special event parking? ____ If so, please describe: _____
2. What happens if the customer loses the ticket? _____
3. What happens if the customer does not pick up their car by closing time? _____

List of Drivers:

Name	Date of Birth	Drivers License Number	State	Hours Worked	Past 3 Years (Number of)		Location
					Accidents	Violations	

(attach separate sheet , if needed)

Applicant's Signature: _____ Date: _____