



VALET PARKING SUPPLEMENT

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

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? 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? Yes No

If yes, approximately how many special events per year and describe: _____

8. Number of valet parking spaces available: _____

9. What is the average value of 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