



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? Yes No
 If yes, list location number(s): _____
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. 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
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