VALET PARKING SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Provide years of experience in valet parking services: _____ Provide years in business: _____

Section II – Description of Operations

1. Name of business for which you provide valet parking services: _____
2. Address of business for which you provide valet parking services: _____
3. Type of establishment for which valet parking is provided: _____
4. Days of the week & hours of the day do you provide valet service: _____
5. Will the establishment provide you with a Commercial General Liability certificate of insurance? ☐ Yes ☐ No

   If YES, do you have a certificate of insurance on file? ☐ Yes ☐ No
6. Is the parking lot on their premises? ☐ Yes ☐ No

   If YES, how many spaces are reserved for valet parking? _____

   If YES, number of entrances and exits of parking area: _____
7. Is the parking lot on their premises? ☐ Yes ☐ No

   If YES, how many spaces are reserved for valet parking? _____
8. How are valet sections separated for self-parking section of lot (i.e., cones, ropes): _____
9. If the parking lot is **NOT** on the premises, please provide the address of the lot location:

   Main Lot: _____

   Overflow Lot (if applicable): _____
10. Does the Applicant drive the customer's car on or across a street to get to the lot? ☐ Yes ☐ No

    If YES, is the street more than two lanes wide? ☐ Yes ☐ No

    a. Is the distance more than 500 feet? ☐ Yes ☐ No
11. When open, is the lot manned by an attendant? ☐ Yes ☐ No

    If NO, is the lot fenced and gated for controlled access? ☐ Yes ☐ No
12. Do you park customers' cars on the street? ☐ Yes ☐ No
13. Do you perform any directing of traffic? ☐ Yes ☐ No

    If YES, provide details:
14. Are you required to provide premises security for anything other than valet operations? ☐ Yes ☐ No

    If YES, provide details:

Section II – Description of Operations (continued)

15. Do you provide valet services for special events? ☐ Yes ☐ No

If YES, number of events: _____

a. Describe types of events and the parking specifics:

16. Does the Applicant ever drive customers' vehicles with the customers as passengers? ☐ Yes ☐ No

If YES, provide details:

17. Please describe any and all theft, vandalism and fire protection at the lot:

18. Does the Applicant keep customers' keys in a protected area, such as lock box or separate room? ☐ Yes ☐ No

19. Is an employee always in immediate vicinity of this protected area? ☐ Yes ☐ No

20. Do you use at least a three-part ticket (customer, dashboard, with the keys)? ☐ Yes ☐ No

21. What is your procedure if a customer loses his/her ticket?

22. Describe procedures for handling leftover keys at the end of the night:

23. Is overnight parking allowed? ☐ Yes ☐ No

If YES, how are customers' keys kept secure after valet hours?

24. Do you refuse to give an obviously intoxicated customer his/her keys? ☐ Yes ☐ No

If YES, do you suggest or provide alternate transportation? ☐ Yes ☐ No

25. Does the Applicant require current MVRs on all prospective drivers prior to hire? ☐ Yes ☐ No

26. How often does the Applicant update MVRs for his/her current drivers? _____

27. Does the Applicant have established criteria for determining the acceptability of employees (such as formal employment application, background checks, references, drug testing, minimum age requirements, etc.)? ☐ Yes ☐ No

If YES, provide details:

28. Does the Applicant have a written employee training and safety program? ☐ Yes ☐ No

29. Does the Applicant review accidents (if any) with employees? ☐ Yes ☐ No

30. Does the Applicant keep accident reports? ☐ Yes ☐ No

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY