



VALET PARKING QUESTIONNAIRE

(Complete for each location)

Name of Applicant/Insured _____ Policy #GP_____

1. Name of the business for which you provide valet service: _____

2. What type of establishment are you parking for? _____

3. What is the lot location address? _____

4. What days of the week and hours of the day do you provide valet service? _____

5. Is the parking lot on their premises? Yes No

6. If the parking lot is not on their premises:
Do you drive customer's cars on or across a street to get to the lot? Yes No
If "Yes," a] is the street more than 2 lanes wide? Yes No
b] is the distance driven more than 500 feet? Yes No
Do you park customer's cars on the street? Yes No

7. How many spaces are reserved for valet parking? _____

8. Is self-parking in a separate area? Yes No

9. Do you use at least a 3 part ticket (customer, dashboard, with the keys?) Yes No

10. Where do you keep the customer's keys? _____

11. Do you refuse to give an obviously intoxicated customer his/her car keys? Yes No
If "Yes", do you suggest or provide alternate transportation? Yes No

12. Is the lot manned by an attendant when open? Yes No
If "No," is the lot fenced and gated for controlled access? Yes No

13. Do you provide valet service for special events? Yes No
If "Yes," **describe types of events and their parking locations:** _____

14. How do you recruit, screen and train your valets? Explain in detail: _____

15. What is the actual cost of labor (hourly, contract and tips)? _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. * not applicable in all states

Applicant Signature: _____

Date: ____/____/____