

**VALET PARKING SUPPLEMENT**
**UNDERWRITING INFORMATION**

1. Do you utilize a three-part ticket system?
2. Are autos ever left overnight?
3. Are keys stored in a locked cabinet or in the valet's possession?
4. Do you offer valet services for unscheduled locations?
5. Are you responsible for duties other than parking (lot maintenance, security, etc)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe below and provide a copy of the agreement specifying those responsibilities.

Location #1	
Address: _____	Number of Spaces: _____
	Lot Limit: _____
Type of Establishment: _____	Per Vehicle Limit: _____
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____
Address of off-site parking: _____	
Location #2	
Address: _____	Number of Spaces: _____
	Lot Limit: _____
Type of Establishment: _____	Per Vehicle Limit: _____
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____
Address of off-site parking: _____	
Location #3	
Address: _____	Number of Spaces: _____
	Lot Limit: _____
Type of Establishment: _____	Per Vehicle Limit: _____
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____
Address of off-site parking: _____	
Location #4	
Address: _____	Number of Spaces: _____
	Lot Limit: _____
Type of Establishment: _____	Per Vehicle Limit: _____
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____
Address of off-site parking: _____	
Location #5	
Address: _____	Number of Spaces: _____
	Lot Limit: _____
Type of Establishment: _____	Per Vehicle Limit: _____
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____
Address of off-site parking: _____	

Location #6		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		
Location #7		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		
Location #8		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		
Location #9		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		
Location #10		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		
Location #11		
Address: _____	Number of Spaces: _____	
_____	Lot Limit: _____	
Type of Establishment: _____	Per Vehicle Limit: _____	
Are Autos Parked or Driven on Public Streets? _____	If yes, provide distance _____	
Address of off-site parking: _____		

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**