



VALET PARKING SUPPLEMENTAL APPLICATION

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

APPLICANT INFORMATION

Named Insured _____
Address _____
Website _____

SCHEDULE OF OPERATIONS

1. What is the lot location address if different than above? _____
2. Hours and days of operation? _____
3. Do you operate any of the following: Stand-alone valet operation Valet for someone else's business
If you valet for someone else's business complete the following questions.
 - a. Name of business for which you valet park? _____
 - b. What type of establishment is this? _____

SPECIAL EVENTS N/A

1. If your business provides parking for special events, provide details: _____
2. List the addresses of the location(s) where special events are operated (if known): _____
3. Is additional staff hired for special events? YES NO
4. Are MVRs of temporary staff checked? N/A YES NO
5. If services are provided for special events, select types of establishments for which valet parking is provided:

<input type="checkbox"/> Airports	<input type="checkbox"/> Casinos	<input type="checkbox"/> Corporate Events	<input type="checkbox"/> Condominiums
<input type="checkbox"/> Country Clubs	<input type="checkbox"/> Fair Grounds	<input type="checkbox"/> Festivals	<input type="checkbox"/> Grand Openings
<input type="checkbox"/> Hospitals	<input type="checkbox"/> Hotels & Resorts	<input type="checkbox"/> Night Clubs	<input type="checkbox"/> Office Buildings
<input type="checkbox"/> Private Clubs	<input type="checkbox"/> Private Parties	<input type="checkbox"/> Red Carpet Events	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Shopping Malls	<input type="checkbox"/> Ski Resorts	<input type="checkbox"/> Special Events	<input type="checkbox"/> Sporting Events
<input type="checkbox"/> Theme Parks	<input type="checkbox"/> Weddings	<input type="checkbox"/>	

PHYSICAL DAMAGE TO CUSTOMERS' AUTOS (OPTIONAL PROPERTY COVERAGE) N/A

- Direct Primary Coverage for Loss or Damage to Customers' Autos
 Legal Liability Coverage for Loss or Damage to Customers' Autos

Premises:

	Address	Limit (per event)	Deductible (per event)
Premises 1			
Premises 2			
Premises 3			

GENERAL INFORMATION



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Please Answer All Questions:

1. What % of your operation is valet parking? _____% Self Service Parking? _____%
2. How many spaces are reserved for valet parking? _____
3. What is the average # of spaces used for valet parking? _____
4. What is the highest value of any one auto: _____ Average vehicle value: _____
5. Do you have a designated lot for valet parking? YES NO
6. Describe how valet spaces are separated from self-parking section of the lot (i.e. cones, ropes) _____

7. Are vehicles kept in a parking garage, underground storage or other covered parking structure? YES NO
8. Do you park vehicles on the street? YES NO
9. Is the parking done at any other off-site locations? YES NO
If yes, attach a diagram/map showing the traffic patterns travelled.
10. Describe the control procedures used for valet parking (e.g. ticketing system): _____

11. What is your procedure if the customer loses the ticket? _____
12. Do you store vehicles overnight? YES NO
13. What is your procedure if the customer does not pick up their car by closing time? _____
14. Where are customer's keys kept? _____
15. Is the area where customer's keys kept manned and locked at all times? YES NO
16. Provide details of driver requirements, training and supervision (e.g. minimum age, MVR review, etc.) _____

17. Is there on-site supervision? YES NO

DRIVER LIST

	Name	Driver's License Number	Date of Birth	Date of Hire	Hours Worked/Week	Location	Driving Violation (y/n)*
1							
2							
3							
4							
5							

***Driving Violation: Any Type A Violation OR more than one moving violation within the past 3 years**
If yes, these drivers must be listed on form S2124 Exclusion – Named Driver Endorsement

This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.



Penn-America Group

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APPLICABLE IN THE STATE OF 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 violation.

FRAUD WARNING

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 subjects such person to criminal and civil penalties.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Applicant Name (Print)

Producer Name

Applicant Signature & Date

Producer Address