



GLOBAL INSURANCE BROKERAGE

VALET PARKING SUPPLEMENTAL APPLICATION (Complete in Addition to the Commercial Automobile Application)

Applicant's Name: _____

1. Years in business: _____ Number of years under current management: _____

2. 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 and 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"/> Other (description): _____ | | | |

3. Is additional staff hired for special events? Yes No
Are MVRs of temporary staff checked?..... Yes No

4. What percentage of your operation is valet parking? _____% Self Service Parking? _____%

5. Annual Receipts: Current: \$ _____ Projected: \$ _____

6. Describe the control procedures used for valet parking (e.g. two-part tickets, three-part tickets, etc.): _____

7. Where are customer keys kept? _____

8. What happens to the keys when the valet shift ends? _____

9. What is your procedure if a customer loses their ticket? _____

10. Provide details of driver requirements, training and supervision (e.g., minimum age, MVR review, etc.): _____

Is there on-site supervision?..... Yes No

11. Average driver turnover per year: _____% Number of drivers hired in the last three months: _____

12. List drivers by location:

Name	License Number	Date of Birth	Date of Hire	Hours Worked/Week	Location

13. List of locations:

Address:		
Number of Attendants:	Hours of operation:	Number of days per week:
Are valet spots designated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Maximum value at this address: \$	Average value per vehicle: \$	Average number of vehicles parked daily:
Maximum number of parking spaces available:		
Is parking lot adjacent to building or at a separate location?		
If responsible for parking structure or lot, attach copy of contract.		
Do lot attendants carry firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you do on street parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the lot security, protection and lighting: _____ _____		
Is copy of lease for parking garage attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Address:		
Number of Attendants:	Hours of operation:	Number of days per week:
Are valet spots designated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many valet spots are designated?		
Responsible for maintenance of parking structure or lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Do lot attendants carry firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you do on street parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the lot security, protection and lighting: _____ _____		
Is copy of lease for parking garage attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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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.

FRAUD WARNING (APPLICABLE IN FLORIDA):

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN 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 a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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 commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)