USG Insurance Services, Inc.

Agency Name
Agency Website
Agency Phone

Valet Parking Supplement

Loc. #1 _____
Loc. #2 _____
Loc. #3 _____
Loc. #4 _____
Loc. #5 _____

1. Are you the owner of the premises? ☐ YES ☐ NO

   If yes, is Commercial General Liability in place? ☐ YES ☐ NO

2. Do you drive or park customer's cars on or across any public streets? ☐ YES ☐ NO

3. Are any employee/drivers under 21 years old? ☐ YES ☐ NO

4. Do you utilize a two-part or three-part ticket system? ☐ YES ☐ NO

5. Are customers cars left over night? ☐ YES ☐ NO

6. Are keys secured in a locked cabinet or attended by an employee at all times? ☐ YES ☐ NO

7. Do you offer valet parking for special events or locations not listed above? ☐ YES ☐ NO

   If yes, approximately how many special events per year and describe: _____

   _____

8. Number of valet parking spaces available: _____

9. What is the average value of per vehicle? _____

10. What are the hours and days of operation? _____

11. Name & type of establishment that the valet parking is for? _____

    _____

_____ Witness

_____ Date

_____ Applicant's Signature