



VALET SUPPLEMENTAL

LOCATIONS

List Name & Address of establishment, maximum number of autos per location and days / hours of operation

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

UNDERWRITING INFORMATION

1. What is the average value per auto in your care, custody and control? \$ _____
2. What is the maximum value per auto in your care, custody and control? \$ _____
3. Are you the owner of the premises? Yes No
 If yes, is Commercial general Liability in place? Yes No
4. Are any employees under 21? Yes No
5. Do you use a 3 part ticket system? Yes No
 If no, describe ticket procedures _____
6. Are keys secured in a locked cabinet or attended by an employee at all times? Yes No
7. Do you park for special events or at any location not listed above? Yes No
 If yes, describe events and how many per year: _____

8. Do you drive or park customer's autos on or across any public streets? Yes No
 If yes, list location in which street driving is required and address of parking lot below.

<u>Loc #</u>	<u>Parking lot/garage address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____