



# ESSEX INSURANCE COMPANY

## VALET PARKING SUPPLEMENTAL APPLICATION

Name \_\_\_\_\_ Submission/Policy # \_\_\_\_\_

1. Name of the business for which you provide valet service: \_\_\_\_\_
2. For what type of establishment are you parking? \_\_\_\_\_
3. What is the lot location address? \_\_\_\_\_
4. What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
5. Is the parking lot on their premises?  Yes  No
6. If the parking lot is not on their premises?  
 Do you drive customer's cars on or across a street to get to the lot?  Yes  No  
 If "Yes," a] is the street more than 2 lanes wide?  Yes  No  
 b] is the distance driven more than 500 feet?  Yes  No  
 Do you park customer's cars on the street?  Yes  No
7. How many spaces are reserved for valet parking? \_\_\_\_\_
8. Advise number of entrances and exits of parking area. \_\_\_\_\_
9. Is self-parking in a separate area?  Yes  No
10. Do you use at least a 3 part ticket (customer, dashboard, with the keys?)  Yes  No
11. Describe procedures for lost tickets. \_\_\_\_\_
12. Where do you keep the customer's keys? \_\_\_\_\_
13. Do you refuse to give an obviously intoxicated customer his/her car keys?  Yes  No  
 If "Yes," do you suggest or provide alternate transportation?  Yes  No
14. Describe procedures for handling leftover keys at the end of the night \_\_\_\_\_
15. Is the lot manned by an attendant when open?  Yes  No  
 If "No," is the lot fenced and gated for controlled access?  Yes  No
16. Do you provide valet service for special events?  Yes  No  
 If "Yes," **describe types of events and their parking locations:** \_\_\_\_\_
17. How do you recruit, screen and train your valets? Explain in detail: \_\_\_\_\_
18. What is the actual cost of labor (hourly, contract and tips)? \_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* Not applicable in all states.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_