



VALET PARKING QUESTIONNAIRE
(Complete for each location)

Name of Applicant/Insured \_\_\_\_\_ Policy #GP\_\_\_\_\_

1. Name of the business for which you provide valet service: \_\_\_\_\_

2. What type of establishment are you parking for? \_\_\_\_\_

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. Is self-parking in a separate area? [ ] Yes [ ] No

9. Do you use at least a 3 part ticket (customer, dashboard, with the keys?) [ ] Yes [ ] No

10. Where do you keep the customer's keys? \_\_\_\_\_

11. Is the lot manned by an attendant when open? [ ] Yes [ ] No

If "No," is the lot fenced and gated for controlled access? [ ] Yes [ ] No

12. Do you provide valet service for special events? [ ] Yes [ ] No

If "Yes," describe types of events and their parking locations: \_\_\_\_\_

13. How do you recruit, screen and train your valets? Explain in detail: \_\_\_\_\_

14. 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: \_\_\_/\_\_\_/\_\_\_