

**VALET SUPPLEMENTAL**

(Complete in addition to an ACORD application)

Applicant Name \_\_\_\_\_

**Locations of Operations:**

	Name & Address of Establishment	Max # Autos	Days of Operation	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?  Y  N  
If yes, is commercial general liability in place?  Y  N
4. Are there any employees under the age of 21?  Y  N
5. Is a three part ticket system used?  Y  N

If no, describe ticket procedures: \_\_\_\_\_

6. Are keys secured in a locked cabinet or attended by an employee at all times?  Y  N
7. Do you park for special events or at any location not listed above?  Y  N

If yes, describe events and how many per year:

\_\_\_\_\_

8. Do you drive or park customer's autos on or across any public streets?  Y  N

If yes, list location in which street driving is required and address of parking lot:

Loc. #	Parking Lot / Garage Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments:

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**Any person who knowingly and with intent to defraud any insurance company or other person files a supplemental application for insurance 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 may subject that person to criminal and civil penalties.**

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

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_