

## VALET PARKING QUESTIONNAIRE

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED INSURER.

**Complete for each location.**

Business Trade Name \_\_\_\_\_

1. Name of the business for which you provide valet service: \_\_\_\_\_
  - a) Is the Insured an entity other than a valet service? .....  Yes  No
  - b) Address of the business for which you provide valet service: \_\_\_\_\_
  - c) What type of establishment are you parking for?  Restaurant  Bar  Club  Resort  
 Other \_\_\_\_\_
  - d) What days of the week and hours of the day do you provide valet service?

2. Is the parking lot on their premises? .....  Yes  No
3. Do you park customer's cars on the street? .....  Yes  No

4. If any parking is not on premises, what is the lot location address?

<b>Main Lot</b>	
<b>Overflow Lot</b>	

5. Garagekeepers Limits requested:

<b>Main Lot</b>	\$
<b>Overflow Lot</b>	\$

6. If any parking lot is not on their premises:

		Main Lot	Overflow Lot
Do you drive customer's cars on or across a street to get to the lot?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":	a] is the street more than 2 lanes wide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b] is the distance driven in either direction over 500 ft from the podium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. How many spaces are reserved for valet parking? \_\_\_\_\_
8. Is self-parking permitted? .....  Yes  No  
If "Yes", is self-parking in an area separated from valet parking? .....  Yes  No
9. Do you use at least a 3-part ticket (customer, dashboard, key-tag?) .....  Yes  No
10. Where do you keep the customer's keys? \_\_\_\_\_
11. Do you refuse to give an obviously intoxicated customer their car keys? .....  Yes  No  
If "Yes", do you suggest or provide alternate transportation? .....  Yes  No
12. Is the lot manned by an attendant when open? .....  Yes  No  
If "No," is the lot fenced and gated for controlled access? .....  Yes  No

13. Are you required to provide premises security for other than Valet operations? .....  Yes  No  
If "Yes", describe security ops here:

--

14. Do you use an owned conveyance to shuttle customers or employees between the parking area and the venue? .....  Yes  No

If "Yes",

a) And the vehicle is licensed for road use, is the vehicle insured elsewhere? .....  Yes  No  N/A

b) And the vehicle is not licensed for road use, describe vehicle and passenger capacity:

<b>Vehicle:</b>		<b>Passenger Capacity:</b>	
-----------------	--	----------------------------	--

15. Do you provide valet service for special events? .....  Yes  No

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

--

Please Note: Events must be reported to your agent for pre-approval with a completed Valet Questionnaire.

16. Do you hire employees under the age of 18? .....  Yes  No

17. Do you obtain MVR verification on all drivers? .....  Yes  No

**THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION**

APPLICANT'S SIGNATURE	DATE