

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:

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: _____