

LIST OF LOCATIONS		AVG VALUE PER AUTO	SPACES PER LOCATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

UNDERWRITING INFORMATION		Yes	No
1. Are you the owner of premises?			
If yes, is Commercial General Liability in place?			
2. Are you requesting Garagekeepers coverage for autos that are self parked?			
3. Do you drive or park customer's cars on or across any public street? If yes, provide description of route taken and address for off premises parking locations.			

4. Are any employee(s)/driver(s) under 18 years old?			
5. Do you utilize a two-part or three-part ticket system?			
6. Are keys secured in a locked cabinet or attended by an employee at all times?			
7. Do you offer valet parking for special events or locations not listed above? If yes, approximately how many special events per year & describe types:			

8. What is the maximum value of any one auto?	_____		
9. What are the hours & days of operation?	_____		
10. Name(s) & type(s) of establishment the valet parking is for?	_____		

Applicant's Signature

Date