[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**VALET PARKING SUPPLEMENTAL APPLICATION**

**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

**Complete a separate supplemental application for each location.**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1.** Applicant’s Name:

**2.** Provide years of experience in valet parking services:

**3.** Provide years in business:

**4.** Name of business for which you provide valet parking services:

Address of business for which you provide valet parking services:

Type of establishment you are providing valet parking services for:

Will the establishment provide you with a Commercial General Liability certificate of insurance? [ ]  Yes [ ]  No

If yes, do you have a certificate of insurance on file? [ ]  Yes [ ]  No

Is there a contract in place between establishment and valet service? [ ]  Yes [ ]  No

**5.** Number of valet parking spaces reserved:

What is the average value of the vehicles parked?

What is the maximum value of the vehicles parked?

**6.** Is the parking lot on the same premises of the establishment? [ ]  Yes [ ]  No

If no:

How far away is the lot?

What is the address of the lot?

Do you cross any public streets that are more than two lanes wide? [ ]  Yes [ ]  No

Are parked vehicles within 1,000 feet of the attendant? [ ]  Yes [ ]  No

Is the lot attended at all times? [ ]  Yes [ ]  No

**7.** Are customer’s vehicles parked on a street? [ ]  Yes [ ]  No

**8.** Do you perform any directing of traffic? [ ]  Yes [ ]  No

If no, is directing of traffic subbed out? [ ]  Yes [ ]  No

**9.** Do you use a two or three part ticket system?

**10.** Where are the customer’s keys kept?

**11.** Do you refuse to give keys to an obviously intoxicated person? [ ]  Yes [ ]  No

**12.** Is overnight parking allowed? [ ]  Yes [ ]  No

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| If yes, how are customer’s keys kept secure after valet hours?       |

Does the establishment assume liability when customer keys are relinquished to the establishment? [ ]  Yes [ ]  No

**13.** Is self parking permitted in the same lot? [ ]  Yes [ ]  No

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| If yes, describe how valet parking area is designated and kept separate from self parking:       |

**14.** Do you provide valet parking services for special events away from these premises? [ ]  Yes [ ]  No

If yes, complete a separate supplemental application for each event and location.

**15.** Do you perform other operations other than valet parking services? [ ]  Yes [ ]  No

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| If yes, describe all other operations:       |

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| **16.** Describe any and all theft, vandalism and fire protection at the lot:       |

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| **17.** Describe your hiring practices and employee control:       |

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirms and warrants that all of the above statements are true and accurate representations of my valet parking services.

APPLICANT’S NAME/TITLE:

APPLICANT’S SIGNATURE: DATE:

(Must be signed by an active authorized representative, owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE: