



Phone: 818-264-0300 Fax: 818-264-0699

**Valet Insurance Application (For Best Results, Please Complete In Full)**

1) Requested Effective Date: \_\_\_\_\_ (mm/dd/yyyy)

2) Name of Business: \_\_\_\_\_

3) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Owner Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

5) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

6) E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

7) Location address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8) Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_

9) Type of Ownership:

Sole Proprietorship (Individual)      Corporation      LLC      Partnership or Joint Venture      Other

10) Part of a Franchise?: (Y)es or (N)o \_\_\_\_\_

11) Desired Limits:

Liability:      \$100,000      \$300,000      \$500,000      \$1,000,000      Other: \_\_\_\_\_

Garage Keepers Limit (per car limit & total value of vehicles on lot): \_\_\_\_\_ / \_\_\_\_\_

Desired Deductible:      \$2,500      \$5,000      \$10,000

12) Describe the Business Operations in DETAIL including a description of ALL goods or services provided. (Please use 8 words or more): \_\_\_\_\_  
\_\_\_\_\_

13) Any valets under 21 years of age? (Y)es or (N)o \_\_\_\_\_

14) Do you run MVRs on all valets before hiring? (Y)es or (N)o \_\_\_\_\_

15) Self-parking \_\_\_\_%      Valet Parking (non-special events) \_\_\_\_%      Special Events Parking \_\_\_\_%      (= 100%)  
Restaurants \_\_\_\_%      Nightclubs \_\_\_\_%      Offices \_\_\_\_%      Other \_\_\_\_%      (= 100%)

16) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est): \$ \_\_\_\_\_

Est Annual Payroll (Next 12 months): \$ \_\_\_\_\_ # of Active Owners: \_\_\_\_\_

Number of Employees (VALETS ONLY): FT \_\_\_\_\_ PT \_\_\_\_\_ (Complete attached sheet)

17) Prior Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_(mm/dd/yyyy)

18) Any Claims? (Y)es or (N)o \_\_\_\_ Annual Premium?: \_\_\_\_\_

19) Bankruptcy: (Y)es or (N)o \_\_\_\_ If Yes, What Yr.? \_\_\_\_\_ Was it Discharged? (Y)es or (N)o \_\_\_\_

21) Will this policy need to cover any Addtional Insured's? (Y)es or (N)o \_\_\_\_

**Complete Only If Getting Property Insurance**

22) 100% Replacement value of building: \$ \_\_\_\_\_ Number of Stories?: \_\_\_\_\_

23) Value of business property inside the building (Desks/Computers/Tools):\$ \_\_\_\_\_

24) Bldg Construction?:

Frame

Joisted masonry

Non-Combust

Fire Resistive

Masonry Non Comb.

Mod. Fire Resistive

25 Square footage of building occupied: \_\_\_\_\_

26) Bldg Age?: \_\_\_\_\_ Describe condition of premises:      Good      Fair      Poor      Improving

27) Do you have a monitored Central Station alarm? (Y)es or (N)o \_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_