

# Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060  
Phone: (800) 752-8402 • Fax: (317) 776-6891  
www.roushins.com • Email: quote@roushins.com

## Valet Parking Supplemental Application (Attach to a completed General Information Application; ACORD is acceptable.)

Complete a separate supplemental application for each location.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

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
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 one thousand (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. Is overnight parking allowed? .....  Yes  No  
If yes, how are customer's keys kept secure after valet hours? \_\_\_\_\_  
\_\_\_\_\_
12. Is self parking permitted in the same lot? .....  Yes  No  
If yes, describe how valet parking area is designated and kept separate from self parking: \_\_\_\_\_  
\_\_\_\_\_

13. Do you provide valet parking services for special events away from these premises?.....  Yes  No  
If yes, please complete a separate supplemental application for each event and location.

14. Do you perform other operations other than valet parking services? .....  Yes  No  
If yes, describe all other operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please describe your hiring practices and employee control: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fraud Warnings: Attach completed WHI APP-152.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date