

**SAFEPRO INSURANCE SERVICES  
VALET PARKING INSURANCE QUESTIONNAIRE**

APPLICANT'S FIRST NAME: \_\_\_\_\_ APPLICANT'S LAST NAME: \_\_\_\_\_

COMPANY NAME (DBA) (IF ANY): \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

WEB \_\_\_\_\_

IS THIS A NEW VENTURE? ( )YES ( )NO YEARS IN BUSINESS: \_\_\_\_ YEARS EXPERIENCE PARKING INDUSTRY: \_\_\_\_

ANNUAL GROSS RECEIPTS/SALES \$ \_\_\_\_\_

ENTITY TYPE: ( )SOLE PROPRIORSHIP ( )PARTNERSHIP ( )LLC ( )CORPORATION ( )OTHER (EXPLAIN IN REMARK SECTION)

DESCRIBE BUSINESS OPERATION: \_\_\_\_\_

HOW MANY LOCATIONS DO YOU VALET? \_\_\_\_\_ PLEASE COMPLETE VALET PARKING LOCATION QUESTIONNAIRE ON PAGE 2 FOR EACH LOCATION.

DO YOU OBTAIN MVR'S ON ALL DRIVERS BEFORE HIRING? ( )YES ( )NO

DO YOU HAVE A TRAINING PROGRAM FOR NEW HIRES? ( )YES ( )NO

DO YOU HAVE A SAFETY PROGRAM IN PLACE? ( )YES ( )NO

LIST THE PERCENTAGE OF ENTITIES FOR WHOM YOU PROVIDE VALET SERVICE: TOTAL MUST EQUAL 100%

\_\_\_\_\_% RESTARURANT \_\_\_\_\_% BARS/TAVERNS \_\_\_\_\_% NIGHTCLUBS \_\_\_\_\_% HOTEL/MOTEL

\_\_\_\_\_%COUNTRY CLUBS \_\_\_\_\_% OFFICES \_\_\_\_\_% OTHER TOTAL MUST EQUAL 100% IF OTHER, EXPLAIN HERE: \_\_\_\_\_

DO YOU NOW OR PLANNING TO DO ANY SPECIAL EVENTS PARKING? ( )YES ( )NO IF YES HOW MANY? \_\_\_\_\_

DESCRIBE THE TYPES OF EVENT YOU VALET: \_\_\_\_\_

WHAT PERCENTAGE OF YOUR BUSINESS YEARLY GROSS RECEIPTS IS FROM: TOTAL MUST EQUAL 100%

VALET PARKING (NON-SPECIAL EVNET) : \_\_\_\_\_% SELF-PARKING \_\_\_\_\_% SPECIAL EVENTS PARKING \_\_\_\_\_% \_\_\_\_\_% OTHER

OTHER, EXPLAIN HERE: \_\_\_\_\_

Total number of owners/partners/officers: \_\_\_\_\_ Total number of active family members: \_\_\_\_\_

Total number of full time employees: \_\_\_\_ Total number of employees working less than 20 hours per week: \_\_\_\_\_

Total number of independent contractors: \_\_\_\_ Any employees/drivers under the age of 21? \_\_\_\_\_

Any employees/drivers/family/owners/independent contractors with moving violations? \_\_\_\_\_

**LIST ALL OWNERS, EMPLOYEES, FAMILY MEMBER, DRIVERS & INDEPENDENT CONTRACTROS INFORMATION**

Full Name as on Driver's License	Date of Birth	Driver License Number	License State	Hours Work Per Week	Number Accident & Tickets 3 Years	Owner(O) Employee(E) Family (F) Ind. Contr. (I)

**LOCATION INFORMATION: PLEASE COMPLETE A SEPARATE SHEET FOR EACH LOCATION**

**VALET PARKING NAME:** \_\_\_\_\_

Location #: \_\_\_\_\_ Number of Stories: \_\_\_\_\_  
Name of Business(es) for whom valet is provided: \_\_\_\_\_  
Type of Business/Establishment: \_\_\_\_\_  
Business Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is the above entity own the parking lot: Yes ( ) No( ) If no, who owns the lot? \_\_\_\_\_  
How many levels does the parking lot have: \_\_\_\_\_ Building Age: \_\_\_\_\_

**Business Hours of Operation:** \_\_\_\_ AM( ) PM( ) To \_\_\_\_ AM( ) to PM( ) 24 Hours( )  
Days of Operations: Mon( ) Tuesday( ) Wednesday( ) Thursday( ) Friday( ) Sat( ) Sunday( )  
Business Contact Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

**Valet Hours of Operation:** \_\_\_\_ AM( ) PM( ) To \_\_\_\_ AM( ) to PM( ) 24 Hours( )  
Days of Operations: Mon( ) Tuesday( ) Wednesday( ) Thursday( ) Friday( ) Sat( ) Sunday( )  
How Many Month(s)/Year(s) at this location: \_\_\_\_Month \_\_\_\_Year  
Does the business or you have a guard or pet dog on the premises? Yes ( ) No( )  
Does anyone live on the premises? Yes ( ) No( ) Is the lot well lit? Yes( ) No( ) Does the lot have emergency lighting? Yes ( ) No( )  
Are you required to maintain the premises of the lot? Yes( ) No( )  
Are there any large cracks or potholes in the pavement? Are there any open or obvious slip and fall hazards? Yes( ) No( )  
Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc.? Yes( ) No( )  
Are there operable fire extinguishers mounted and easily accessible? Is the building sprinklered? Yes( ) No( )  
Is there an operating central station reporting burglar alarm? Yes( ) No( ) Describe the neighborhood:( )Good ( )Fair ( )Poor ( )Improving  
Describe the condition of the premises: :( )Good ( )Fair ( )Poor ( )Improving Are there security guards on the lot? Yes( ) No( )  
If Yes, Are the guards armed? Yes( ) No( ) Are the guards employed by the you? Yes( ) No( )  
ARE THE GUARDS PRESENT ON A 24 HOUR/ 7 DAY BASIS? IF "NO", WHEN ARE THEY PRESENT? Yes( ) No( ) \_\_\_\_\_  
What type of ticket system is used? \_\_\_\_\_ DO YOU USE AT LEAST A 3 PART TICKET (CUSTOMER, DASHBOARD, WITH THE KEYS?):  
Yes( ) No( ) Is there a self-parking at this location?: Yes( ) No( )  
Is it a lock box used at this location? ( )Yes ( )No Is the lock box locked at all times? ( )Yes ( )No  
Is an employee always near lock box? ( )Yes ( )No Are any keys kept in customer's vehicle? Yes( ) No( )

Maximum total number of spaces that this location will accommodate for non-valet and valet together: \_\_\_\_\_  
How many spaces are used for valet parking? \_\_\_\_\_ How many spaces for non-valet?: \_\_\_\_\_  
Is valet parking separate from public parking? \_\_\_\_\_ How: \_\_\_\_\_  
Is parking on street, off street, or both? \_\_\_\_\_  
Is the parking lot on their premise? Yes( ) No( ) If no, show locations : \_\_\_\_\_  
What percentage of customer cars are parked on the street instead of a lot? \_\_\_\_\_  
Average number of valet parked vehicles: \_\_\_\_\_ Maximum number of valet parked vehicles: \_\_\_\_\_  
Maximum value per vehicle \$ \_\_\_\_\_ Average value per vehicle \$ \_\_\_\_\_  
Type of vehicles kept on lot: \_\_\_\_\_  
Are any keys left in customer's vehicles? Yes( ) No( ) How keys are stored? \_\_\_\_\_  
Are customer's vehicles kept overnight? Yes( ) No( ) If yes, please explain: \_\_\_\_\_  
Do you drive the customer's vehicles to other location? Yes( ) No( ) What traffic is encountered between pickup/drop off sight and lot?

**Lot drivers/employees/owners/independent contractors info for this location:**  
Number of owners/partners/officers: \_\_\_\_ Number of active family members: \_\_\_\_ Number of full time employees: \_\_\_\_  
Number of employees working less than 20 hours per week: \_\_\_\_\_ Number of independent contractors: \_\_\_\_  
Any employees/drivers under the age of 21? Yes( ) No( )  
IS LANDLORD/OWNER OF PREMISES OR ANY OTHER ENTITY TO BE NAMED AS ADDITIONAL INSURED? Yes ( ) No( )  
HOW MANY ADDITIONAL INSURED: \_\_\_\_\_

PLEASE INDICATE THE AMOUNT OF LIABILITY COVERAGE YOU NEED Please Deductible: \$1,000 \$1,500 \$2,500 \$5,000

LIABILITY COVERAGE		<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	
VALET VEHICLES IN YOUR CARE LEGAL LIABILITY GARAGE KEEPERS LEGAL LIABILITY COVERAGE		Per Auto Limit \$ _____  Per Location Max Limit\$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
BROADENED GARAGE COVERAGE		Includes: Personal & Advertising Injury, Host Liquor Liability, Incidental Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability, Limited Worldwide, Fire Legal Liability sub-limit of \$50,000 (Same limit as garage liability)	<input type="checkbox"/> Do Not Include <input type="checkbox"/> Include
FIRE LEGAL LIABILITY	\$ _____		
PERSONAL INJURY	It is Included if Broadened Garage Coverage is to be included in the above section.  If Broadened Garage Form is not Included, this coverage may be added, would you like to include? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEDICAL PAYMENT	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000  Premise <input type="checkbox"/> Premises & Auto <input type="checkbox"/>		

**INSURANCE INFORMATION** ARE YOU CURRENTLY INSURED YES NO, REQUESTED EFFECTIVE DATE \_\_\_\_\_ HAS AN INSURANCE COMPANY CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS? YES NO HAVE YOU HAD ANY LOSSES OR CLAIMS DURING THE LAST 5 YEARS?  YES  NO IF INSURED NOW, PLEASE PROVIDE INSURANCE POLICY INFORMATION BELOW - **LOSS RUNS ARE REQUIRED – PLEASE EMAIL OR FAX THE LOSS RUNS TO OUR OFFICE.**

INSURANCE COMPANY (NOT THE AGENCY)	POLICY NUMBER	EFFECTIVE DATE			# OF LOSSES (IF ANY)	ANNUAL PREMIUM
		EXPIRATION DATE	MONTH	MONTH		
		/	to	/		
		/	to	/		
		/	to	/		

STATE THE REASON YOU ARE APPLYING FOR QUOTE NOW? \_\_\_\_\_

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 subjects such person to criminal and civil penalties.

By submitting this form, I am providing express written consent to being contacted by one or more agents/brokers of Safepro Insurance Services to discuss my interest, including offers of insurance, at the phone number and/or email address I have provided to you in submitting this form and/or additional information obtained. I consent by electronic signature to being contacted by telephone (via call and/or text) for marketing/telemarketing purposes at the phone number I provided in this form, even if my phone number is listed on a Do Not Call Registry,). I can revoke my consent at any time. I also understand that my agreement to be contacted is not a condition of purchasing any property, goods or services, and that I may call 1-888-506-2835 to speak with someone about obtaining an insurance quote. **DISCLAIMER:** This is a request for a price indication. This application does not bind the applicant nor the Company(s) to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

YOUR FIRST AND LAST NAME: \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_