

**VALET PARKING QUESTIONNAIRE**  
(Complete for each location)

***This Questionnaire is supplemental to and part of the Colony Specialty Garage Application (G1000) or the Colony Specialty Garage Renewal Application (G1001).***

Business Trade Name \_\_\_\_\_

1. Name of the business for which you provide valet service: \_\_\_\_\_
- a) Is the Insured an entity other than a valet service? . . . . .  Yes  No
- b) Address of the business for which you provide valet service: \_\_\_\_\_
- c) What type of establishment are you parking for?  Restaurant  Bar  Club  Resort  Other \_\_\_\_\_
- d) What days of the week and hours of the day do you provide valet service? \_\_\_\_\_

2. Is the parking lot on their premises? . . . . .  Yes  No

3. Do you park customer's cars on the street? . . . . .  Yes  No

4. If any parking is not on premises, what is the lot location address?  
Main Lot: \_\_\_\_\_  
Overflow Lot: \_\_\_\_\_

5. If any parking lot is not on their premises:

	Main Lot		Overflow Lot
Do you drive customer's cars on or across a street to get to the lot? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes:</b> a) is the street more than 2 lanes wide? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) is the distance driven in either direction over 500 ft from the podium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. How many spaces are reserved for valet parking? \_\_\_\_\_

7. Is self-parking permitted? . . . . .  Yes  No  
If Yes, is self-parking in an area separated from valet parking? . . . . .  Yes  No

8. Do you use at least a 3 part ticket (customer, dashboard, key-tag?) . . . . .  Yes  No

9. Where do you keep the customer's keys? \_\_\_\_\_

10. Do you refuse to give an obviously intoxicated customer his/her car keys? . . . . .  Yes  No  
If "Yes", do you suggest or provide alternate transportation? . . . . .  Yes  No

11. Is the lot manned by an attendant when open? . . . . .  Yes  No  
If "No," is the lot fenced and gated for controlled access? . . . . .  Yes  No

12. Are you required to provide premises security for other than Valet operations? ...  Yes  No  
If yes, describe security ops here: \_\_\_\_\_

13. Do you provide valet service for special events? . . . . .  Yes  No  
If "Yes," describe types of events and their parking locations: \_\_\_\_\_

Please Note: Events must be reported to your agent for pre-approval with a completed Valet Questionnaire.

14. Do you hire employees under the age of 18? . . . . .  Yes  No

15. Do you obtain MVR verification on all drivers? . . . . .  Yes  No