

Valet/Parking/Shuttle Supplemental

Email completed garage application and valet/parking/shuttle supplemental to submit@midman.com.

GENERAL INFORMATION

Name of Applicant: _____

DBA: _____

ESTABLISHMENT NAME & COMPLETE ADDRESS		PARKING LOT (if different from drop-off)		NUMBER OF PARKING SPACES	HOURS & DAYS OF OPERATION
Name:		Name:		Valet:	
Street:		Street:			
City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		
2nd Location					
Name:		Name:		Valet:	
Street:		Street:			
City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		
3rd Location					
Name:		Name:		Valet:	
Street:		Street:			
City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		
4th Location					
Name:		Name:		Valet:	
Street:		Street:			
City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		
5th Location					
Name:		Name:		Valet:	
Street:		Street:			
City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		
6th Location					
Name:		Name:		Valet:	
Street:		Street:			

City:		City:		Self-Park:	
State:	Zip:	State:	Zip:		

UNDERWRITING INFORMATION		
Average Value per Single Auto: \$		Maximum Value per Single Auto: \$
Are you the owner of the premises?		Yes No
If yes, is commercial general liability coverage in place?		Yes No
Do you provide parking lot maintenance? <i>If yes, provide copy of contract and details below.</i>		Yes No
Do you provide snow/ice removal? <i>If yes, provide copy of contract and details below.</i>		Yes No
Do you provide security/guard service? <i>If yes, provide copy of contract and details below.</i>		Yes No
Are you requesting liability coverage for self-parked autos? <i>If yes, provide receipts: \$</i>		Yes No
Do you park customers' autos on the street? <i>If yes, provide location number(s):</i>		Yes No
Do you drive customers' autos on/across a public street? <i>If yes, provide location number(s):</i>		Yes No
Do you utilize at least a 3 part ticket system (keys, car & customer)?		Yes No
Are keys secured in a locked cabinet or attended by an employee at all times?		Yes No
Do you offer valet parking for special events or locations not listed above?		Yes No
If yes, approximately how many special events per year and describe:		

DETAILS/COMMENTS/NOTES

DECLARATION		
To the best of my knowledge and belief the information provided in connection with this questionnaire / supplemental, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact* may entitle underwriters to void the insurance. *A material fact is one likely to influence acceptance or assessment of this questionnaire / supplemental by underwriters; if you are in any doubt as to whether a fact is material or not you must disclose it. This application and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. Should a contract of insurance be concluded this application will form the basis of the insurance.		
Signed:	Full Name:	Date:

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