

# Valet Parking Application

*www.kis-hospitality.com*

ONE GARRET MOUNTAIN PLAZA, SUITE 901 WEST PATERSON, NJ 07424 - TEL: 973 754-6100 - FAX: 973 754-0600

Name of Applicant/Insured: \_\_\_\_\_

1. Name of the business for which you provide valet service \_\_\_\_\_
2. What type of establishment are you parking for? \_\_\_\_\_
3. What is the lot location address? \_\_\_\_\_
4. What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
5. Is the parking lot on their premises? Yes No
6. If the parking lot is not on their premises:  
Do you drive customer's cars across a street to get to the lot? Yes No  
Do you park customer's cars on the street? Yes No
7. How many spaces are reserved for valet parking? \_\_\_\_\_
8. Is self parking in a separate area? Yes No
9. Do you use at least a 3 part ticket? (customer, dashboard, with the keys?) Yes No
10. Where do you keep the customer's keys? \_\_\_\_\_
11. Is the lot manned by an attendant when open? Yes No  
If not, is the lot fenced and gated for controlled access? Yes No
12. Do you provide valet service for special events? Yes No  
If yes, describe in detail \_\_\_\_\_
13. How do you recruit, screen, and train your valets?  
Explain in detail \_\_\_\_\_
14. What is the actual cost of labor? (hourly, contract, and tips) \_\_\_\_\_
15. Is the parking operated by hotel employees or a third party vendor? \_\_\_\_\_  
If vendor, is there:  
A contract between the parties available for review? Yes No  
An additional insured endorsement in favor of our insured? Yes No  
A hold-harmless agreement in place? Yes No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature