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VALET PARKING SUPPLEMENTAL

Complete one for each location.

1. Name of the business for whom you valet park: _____
2. What type of establishment is this? _____
3. What is the lot location address (including zip code)? _____
4. Hours and days of operation: _____
5. Is the area where customer's key's kept manned and locked at all times? ❑ Yes ❑ No
6. Are vehicles kept parked in a parking garage, underground storage facility or any other covered parking structures? ❑ Yes ❑ No
7. Are any autos parked on the street? ❑ Yes ❑ No
8. Is the parking done at off-site locations? ❑ Yes ❑ No
   If yes, please attach a diagram showing the traffic patterns traveled.
9. Are vehicles parked within sight of an attendant? ❑ Yes ❑ No
10. Do you provide parking for special events? ❑ Yes ❑ No
    If yes, please provide details: _____
11. Please describe how valet sections are separated from self-parking section of lot? (i.e. cones, ropes) _____
12. How many spaces are reserved for valet parking? _____
13. What are the average # of spaces used at any one time?_____

Employees: Please fully complete the Employee Schedule on the BIG Garage Application AP-GA-0100.

*****NOTE*****

MVR'S ARE REQUIRED ON ALL INDIVIDUALS UNDER THE AGE OF 25 PRIOR TO BINDING

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VALET PARKING SUPPLEMENTAL

***SIGNATURES ARE REQUIRED.* SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA
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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK
WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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VALET PARKING SUPPLEMENTAL

Applicable in Other States:
WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	**Producer's Name**
Signature of Authorized Representative	**Producer's Signature**
Print Name	**Producer's Phone**
Title	**Producer's Fax**
Date	**Producer's Email**