

# CATLIN

## VALET SUPPLEMENTAL

### LOCATIONS

\*\*List Name & Address of establishment, maximum number of autos per location and days / hours of operation\*\*

1.	_____	# _____	_____
2.	_____	# _____	_____
3.	_____	# _____	_____
4.	_____	# _____	_____
5.	_____	# _____	_____

### UNDERWRITING INFORMATION

1. What is the average value per auto in your care, custody and control? \$ \_\_\_\_\_
2. What is the maximum value per auto in your care, custody and control? \$ \_\_\_\_\_
3. Are you the owner of the premises? Yes  No   
If yes, is Commercial general Liability in place? Yes  No
4. Are any employees under 21? Yes  No
5. Do you use a 3 part ticket system? Yes  No   
If no, describe ticket procedures \_\_\_\_\_
6. Are keys secured in a locked cabinet or attended by an employee at all times? Yes  No
7. Do you park for special events or at any location not listed above? Yes  No   
If yes, describe events and how many per year: \_\_\_\_\_  
\_\_\_\_\_
8. Do you drive or park customer's autos on or across any public streets? Yes  No   
If yes, list location in which street driving is required and address of parking lot below.

<u>Loc #</u>	<u>Parking lot/garage address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____