Atlantic Casualty
INSURANCE COMPANY™

400 Commerce Court
Goldsboro, NC 27533
Phone: 877-225-5744
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VALET PARKING SUPPLEMENT

UNDERWRITING INFORMATION

		Yes	No
1.	Do you utilize a three-part ticket system?	☐	☐
2.	Are autos ever left overnight?	☐	☐
3.	Are keys stored in a locked cabinet or in the valet's possession?	☐	☐
4.	Do you offer valet services for unscheduled locations?	☐	☐
5.	Are you responsible for duties other than parking (lot maintenance, security, etc)?	☐	☐
	If yes, please describe below and provide a copy of the agreement specifying those responsibilities.		

Location #1

Address: _____
_____

Type of Establishment: _____
Are Autos Parked or Driven on Public Streets? _____
Address of off-site parking: _____

Number of Spaces: _____
Lot Limit: _____
Per Vehcle Limit: _____
If yes, provide distance _____

Location #2

Address: _____
_____

Type of Establishment: _____
Are Autos Parked or Driven on Public Streets? _____
Address of off-site parking: _____

Number of Spaces: _____
Lot Limit: _____
Per Vehcle Limit: _____
If yes, provide distance _____

Location #3

Address: _____
_____

Type of Establishment: _____
Are Autos Parked or Driven on Public Streets? _____
Address of off-site parking: _____

Number of Spaces: _____
Lot Limit: _____
Per Vehcle Limit: _____
If yes, provide distance _____

Location #4

Address: _____
_____

Type of Establishment: _____
Are Autos Parked or Driven on Public Streets? _____
Address of off-site parking: _____

Number of Spaces: _____
Lot Limit: _____
Per Vehcle Limit: _____
If yes, provide distance _____

Location #5

Address: _____
_____

Type of Establishment: _____
Are Autos Parked or Driven on Public Streets? _____
Address of off-site parking: _____

Number of Spaces: _____
Lot Limit: _____
Per Vehcle Limit: _____
If yes, provide distance _____

Location #6

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

Location #7

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

Location #8

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

Location #9

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

Location #10

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

Location #11

Address: _____

Number of Spaces: _____

Lot Limit: _____

Type of Establishment: _____

Per Vehcle Limit: _____

Are Autos Parked or Driven on Public Streets? _____

If yes, provide distance _____

Address of off-site parking: _____

_____   _____

APPLICANT'S SIGNATURE   **DATE**