

Valet Parking Permit Application

To request a valet parking permit, all questions must be fully answered and all required documents must be submitted 48 hours prior to the event or the application will be considered incomplete, and permit request shall be denied. For more information, please see the back of this form, or call the number listed above.

VALET OPERATIONAL DETAILS (Please Print)

1. Valet operation address: _____
2. Date(s): _____ Time(s): _____
3. Pickup/Drop location (be specific): _____
4. Space numbers (If applicable): _____
5. Number of Parking Spaces Drop-Off/Pick-Up Location: _____
6. Off-Site Vehicle Storage Address: _____ Number of Spaces: _____
7. Number of Valet Attendants: _____ Number of Valet Attendants at Peak: _____
8. Include Valet Parking Operations Map and Detail.
9. Letter or copy of agreement between off-site lot owner/operator and valet operator regarding use of off-site location for storage of vehicles during valet operation hours (if applicable). Must include name and contact number of lot owner/operator.

VALET OPERATION LOCATION & BUSINESS INFORMATION (Please Print)

1. Business Name: _____ Address: _____
2. Owner/Manager Name: _____ Phone Number: _____

I have requested the Valet Company listed below to provide valet services for patrons. I have read and agree to all terms and conditions on the back of this form.

Signature: _____ Date: _____

VALET INFORMATION (Please Print)

1. Company Name: _____ Address: _____
2. Contact Name: _____ Phone Number: _____

I have read and agree to all terms and conditions on the back of this form.

Signature: _____ Date: _____

- Business establishment must obtain all proper permits at least forty-eight (48) hours in advance of event before conducting valet service. Valet permits must be kept at the location of the valet service and must be shown to any city official upon request.
- Valet parking operator must provide General Liability Insurance and Auto Insurance on file with the city. An additional insured endorsement must be provided for both along with the Certificate of Insurance. The insurance must be approved by the City's Risk Management prior to commencement of valet operation.

General Liability

- \$1,000,000 Each Occurrence
- \$1,000,000 Personal & Advertising Injury
- \$2,000,000 General Aggregate
- \$1,000,000 Products Completed

Auto Liability

- \$1,000,000 Per Occurrence for bodily injury (including accidental death) to any one person.
- \$1,000,000 Per Occurrence for Property Damage Or
- \$2,000,000 Combined Single Limit

Workers' Compensation

- \$1,000,000 Per Accident for bodily injury or disease
- \$1,000,000 Per Employee for bodily injury or disease
- \$1,000,000 Policy Limit
- Sole Proprietors may sign the Workers' Compensation Exemption for in order to meet this requirement.
- Valet parking operator cannot use city streets/city lots/ or parking structures for their vehicle storage/pick-up/ or drop-off without proper written approval from the City of Glendale, Public Works Engineering Division.
- Business establishment and Valet Parking Company owner are responsible for the conduct and actions of their patrons, employees, and valet service.
- Pedestrian walkway, where valet is taking place, must not be blocked at any time and must provide pedestrian passing clearance of at least (5) five feet.
- Valet parking operator must provide adequate staffing to provide valet service at business establishment. Vehicles cannot block travel way while waiting to drop-off/pick-up patrons. No vehicle queuing is allowed on travel way at any time.
- Valet parking operation shall only be conducted at the location and during hours stated on the valet parking permit and approved by the Public Works Engineering Division. Only parking spaces approved by the city shall be utilized.
- All posting of temporary "No Parking" signs shall be completed thirty (30) hours prior to the effective time of the prohibition. The police department shall be notified after the signs are posted, Monday through Friday, from 8:00am to 5:00 PM, at (818) 548-3130. All other times, call (818) 548-4840. Signs shall be removed after valet permit expires.
- Valet operator must provide valet service for the general public without exclusion.
- City reserves the right to revoke or suspend valet parking permit at any time for any reason. Violations of the above results in a revocation of the permit by City and forfeit of all paid valet parking fees.

Please submit information to: Jeff Brown
Phone: 818-548-3945 ext: 8310 Fax: 818-242-7087
E-mail: imbrown @glendaleca.gov

Contact Name _____
Contact Phone _____
Site Address _____

PERMIT APPLICANTS'
GUIDELINES FOR SUBMITTING EVIDENCE OF INSURANCE FOR USE OF CITY PROPERTY

1. **BE SURE THAT YOU HAVE THE CORRECT STATE ISSUED CONTRACTORS LICENSE. "B" LICENSE CANNOT WORK IN THE PUBLIC RIGHT-OF WAY.** You must submit to the City a "Certificate of Insurance" from your insurance company for all insurance coverage(s) required by the City. In addition, you must submit an "Additional Insured Endorsement" if the City requires you to obtain General Liability, Automobile Liability insurance, or both. All insurance forms are subject to the City's review and approval. If Automobile Liability is needed, coverage for "any auto" is required.
2. The City requires you to obtain all coverage's from Insurer(s) that are "admitted" insurers in the State of California; domiciled within, and organized under the laws of, a state of the United States, and with an A.M. Best & Company minimum rating of "A:VII."
3. The "Certificate" must state the same information that is printed on the attached sample certificate. A certificate that has missing information or that does not comply with the City's insurance requirements may cause a delay in your permit's approval.
4. Both the "Certificate" and the "Additional Insured Endorsement" must be signed by the company issuing the insurance policy, or an authorized representative who has the authority to bind the insurance company.
5. A Waiver of Subrogation is needed for the General Liability and Workers Compensation
6. For faster processing of your permit application, please give the City's "General Liability/Automobile Liability Special Endorsement," "L-15" to your insurance company, or its authorized representative, for completion of that form. No modifications to the City's form are permitted.
7. If the insurance company or the authorized representative chooses instead to use its own endorsement form, you should allow for extra processing time by the City.
8. The Risk Manager must review all insurance documentation for compliance with the City's insurance requirements. Please allow 2-3 business days for this process.
9. City's insurance required standard limits are as follows:
 - General Liability**
 - \$1,000,000 Each Occurrence
 - \$1,000,000 Personal & Advertising Injury
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products Completed
 - Auto Liability**
 - \$1,000,000 Per Occurrence for bodily injury (including accidental death) to any one person.
 - \$1,000,000 Per Occurrence for Property Damage Or
 - \$2,000,000 Combined Single Limit
 - Workers' Compensation**
 - \$1,000,000 Per Accident for bodily injury or disease
 - \$1,000,000 Per Employee for bodily injury or disease
 - \$1,000,000 Policy Limit
 - *Sole Proprietors may sign the Workers' Compensation Exemption for in order to meet this requirement.*

***E-MAILS CAN BE ACCEPTED**

ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

THIS IS A SAMPLE COPY ONLY

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A
INSURER B
INSURER C
INSURER D
INSURER E

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS COVERED BY ENDORSEMENT / SPECIAL PROVISIONS | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---|--|---------------|------------------------------------|-------------------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCUR) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | EXCESS UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | | | WC STATUS TOBY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYER \$ DISEASE - POLICY LIMIT \$ |

Sample

*ANY AUTO BOX MUST BE SELECTED FOR THOSE WHO HAVE AUTOMOBILE LIABILITY INSURANCE

Please add word for word in the description of operations on certificate

Cross-out words "endeavor to"

Cross-out "but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representative"

CERTIFICATE HOLDER

City of Glendale
Engineering Section
633 East Broadway, Room 205
Glendale, CA 91206-4388

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE

**GENERAL LIABILITY/AUTOMOBILE LIABILITY
SPECIAL ENDORSEMENT
FOR THE CITY OF GLENDALE**

PERMITS/PO/SA/SPECIFICATION/CONTRACT NUMBER:

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY INSURANCE COVERAGE PART
- AUTOMOBILE LIABILITY INSURANCE COVERAGE PART

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement which now or later attaches to the policy, the Company agrees as follows:

ADDITIONAL INSURED: The City of Glendale, its officers, agents and employees are included as additional insureds, with respect to liability and defense of claims and suits arising out of the operations and uses performed by or on behalf of the named insured.

CONTRIBUTION WAIVED: This insurance is primary. The City of Glendale's insurance program shall be excess of this insurance. The Company shall not seek contribution from the City and its insurers.

SEPARATION OF INSURED: This insurance applies separately to each insured against whom claim is made or suit is brought, except that the naming of multiple insureds shall not increase the Company's limits of liability. The inclusion of any person, organization, firm or entity as an insured under the policy shall not affect any right which such person, organization, firm or entity would have as claimant if not so included.

CANCELLATION NOTICE: If the Company elects to cancel or terminate this insurance before the stated expiration date, or declines to renew a continuous policy, or reduces the stated limits other than by impairment of an aggregate limit, the Company shall mail written notice to the City at least 30 days in advance of such election. For non-payment of premium, the Company shall give the City at least 10 days advance written notice of cancellation or termination.

Except as stated above, all other endorsements, provisions, conditions, limits and exclusions of this insurance shall remain unchanged.

COMMERCIAL GENERAL LIABILITY POLICY NUMBER:

AUTOMOBILE LIABILITY POLICY NUMBER:

By my signature on this endorsement, I warrant that I have authority to bind the insurance company and do so bind the company to this endorsement:

AUTHORIZED REPRESENTATIVE SIGNATURE:

DATE SIGNED:

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 12 07 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Political Subdivision:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to:

2. This insurance does not apply to:

a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or

b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 00

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8, Transfer Of Rights Of Recovery Against Others To Us of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



Commercial Auto

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "Insureds" under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations or Schedule as applicable to this endorsement.)

Each person or organization indicated above is an "Insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "Insured" under the Who Is An Insured provision contained in Section II of the Coverage Form.

The insurance provided to the person(s) or organization(s) shown in the Schedule is Primary Insurance and we will not seek contribution from any other insurance available to that "Insured."

POLICY NUMBER:

COMMERCIAL AUTO
CA 20 48 02 00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| | |
|------------------------|--|
| Endorsement Effective: | Countersigned By: (Authorized Representative) |
| Named Insured: | |

SCHEDULE

| |
|---------------------------------------|
| Name of Person(s) or Organization(s): |
|---------------------------------------|

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

City of Glendale

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

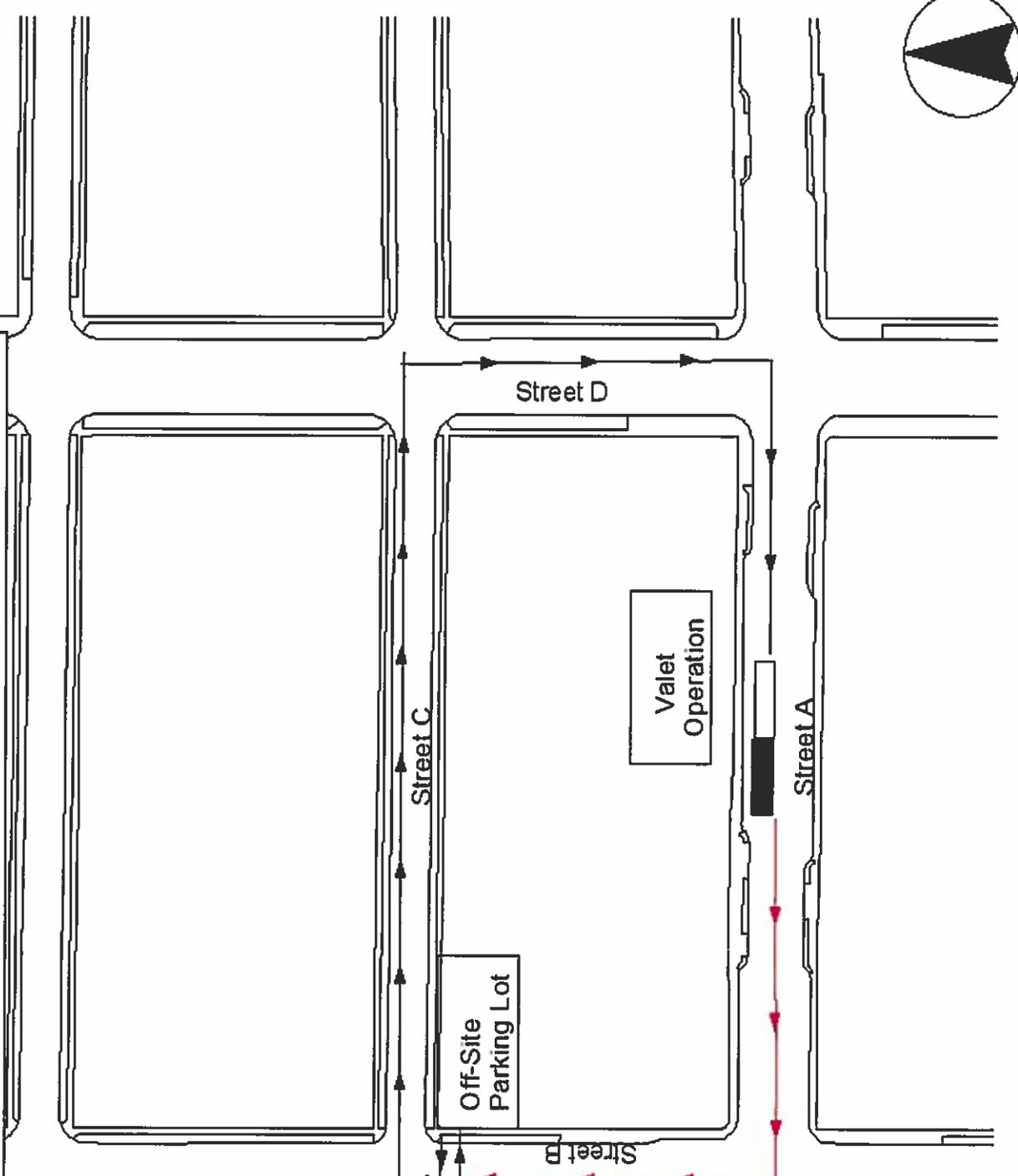
Endorsement Effective
Insured

Policy No.
Insurance Company

Endorsement No.

Countersigned By _____

SAMPLE VALET PARKING OPERATIONS MAP



LEGEND

-  Staging area for valet parking customer pick-up.
-  Valet pick-up/drop-off area
- *include location address
- *Length of pick-up drop-off area