



VALET PARKING PERMIT APPLICATION

1. Business establishment must obtain all proper permits before conducting valet service. Permits must be kept at the location of the valet service and shown to city officials when requested.
2. Valet parking operator must provide General Liability Insurance, Auto Insurance and Workers Compensation Insurance. 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 Garage or Garage Keeper Liability (this can appear in either the General Liability or Auto Liability)

\$2,000,000 General Aggregate

Auto Liability

\$1,000,000 Combined Single Limit

3. 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 Traffic & Transportation Division.
4. Valet parking operator must provide the Traffic & Transportation Division a copy of the "Valet parking Operation Plans" which includes a written and drawn plan describing the location of where the valet parking operation will be performed, number of valet operators, staging area for valet customer vehicle pick-up/drop-off, off-street parking locations at which the vehicles will be parked, the travel path to the prescribed location, the returning route of the valet attendances, the number of parking spaces available at the off-street vehicle storage site and proposed hours of operation.
5. Business establishment owner is responsible for the conduct and actions of their patrons, employees, and valet service.
6. 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.
7. 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.
8. Valet parking operation shall only be conducted at the location and during hours stated on the valet parking permit and approved by the Traffic & Transportation Division.
9. 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.

10. City reserves the right to revoke or suspend valet parking permit at any time if above conditions are not met.

I have read and agree to the conditions above.

_____	_____	_____
Print name of valet operator	Signature of valet operator	Date

_____	_____	_____
Print name of business establishment	Signature of business owner	Date

CITY OF GLENDALE, CALIFORNIA
PUBLIC WORKS
TRAFFIC AND TRANSPORTATION DIVISION
Request for Valet Parking Operations

I hereby request approval of my application of valet parking operation.

Date(s) of operation _____

Location of business requesting Valet service _____

Type of business requesting Valet service _____

Hours of operation of Valet service _____

Off-street parking location _____

Number of Valet attendants _____

Estimated number of Valet customers at peak period _____

I have attached the following:

1. Signed valet parking permit conditions
2. Traffic plan
3. Insurance documentation

Sincerely,

Applicant signature

Date

Print name

GUIDELINES FOR SUBMITTING EVIDENCE OF INSURANCE FOR USE OF CITY PROPERTY
This assessment form MUST to submitted along with your insurance information!!

Please submit information to:
City of Glendale, Public Works, Traffic & Transportation Division
633 E. Broadway, Suite 300, Glendale, CA 91206
Phone: (818) 548-3960 Fax: (818) 409-7027

Contractor Company Name: _____ Phone: _(____)_____

Contact Person's Name: _____ Fax: _(____)_____

Print Name

Address: _____

1. 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. 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.
6. 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. The City will accept Insurance Services Office form "**CG 20 12**" with the City's wording added, as on the attached sample. "**CG 20 10**" forms are not acceptable for permits because the permit applicant is not doing any work for the City.
7. The City Attorney's Office and/or Risk Manager must review all insurance documentation for compliance with the City's insurance requirements. **Please allow 3 working days for processing.**

Check all applicable sections:

A. Street Use Permit

Occupying: Travel Lane Parking Lane Sidewalk/Parkway Alley

City Parking Lot No. _____ Other _____

Describe work to be done: _____

Location: _____ Duration: _____

B. Oversize Permit (Over height, Over weight or Over length)

Location/Destination: _____

ACORDTM CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

PRODUCER INSURED 	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. INSURERS AFFORDING COVERAGE NAIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:
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THIS IS A SAMPLE COPY ONLY

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.

INSR (ADD'L LTR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP 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 <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
	OTHER				

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS COVERED BY ENDORSEMENT / SPECIAL PROVISIONS

By the attached Endorsement(s): The City of Glendale, its officers, agents, and employees are added as additional insured. The insurance is non-contributory and primary to all other insurance of the City. The insurance shall apply separately to each insured and 30 days advance written notice shall be issued to the City for any policy cancellation, termination or reduction of the stated limits.

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 REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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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"

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

PERMIT/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

→POLICY NUMBER: _____

AUTO LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
AUTO LIABILITY COVERAGE PART**

SCHEDULE

State or Political Subdivision:

The City of Glendale, its officers, agents, and employees are added as additional insureds. The insurance is non-contributory and primary to all other insurance of the City. The insurance shall apply separately to each insured and 30 days advance written notice shall be issued to the City for any policy cancellation, termination or reduction of the stated limits.

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

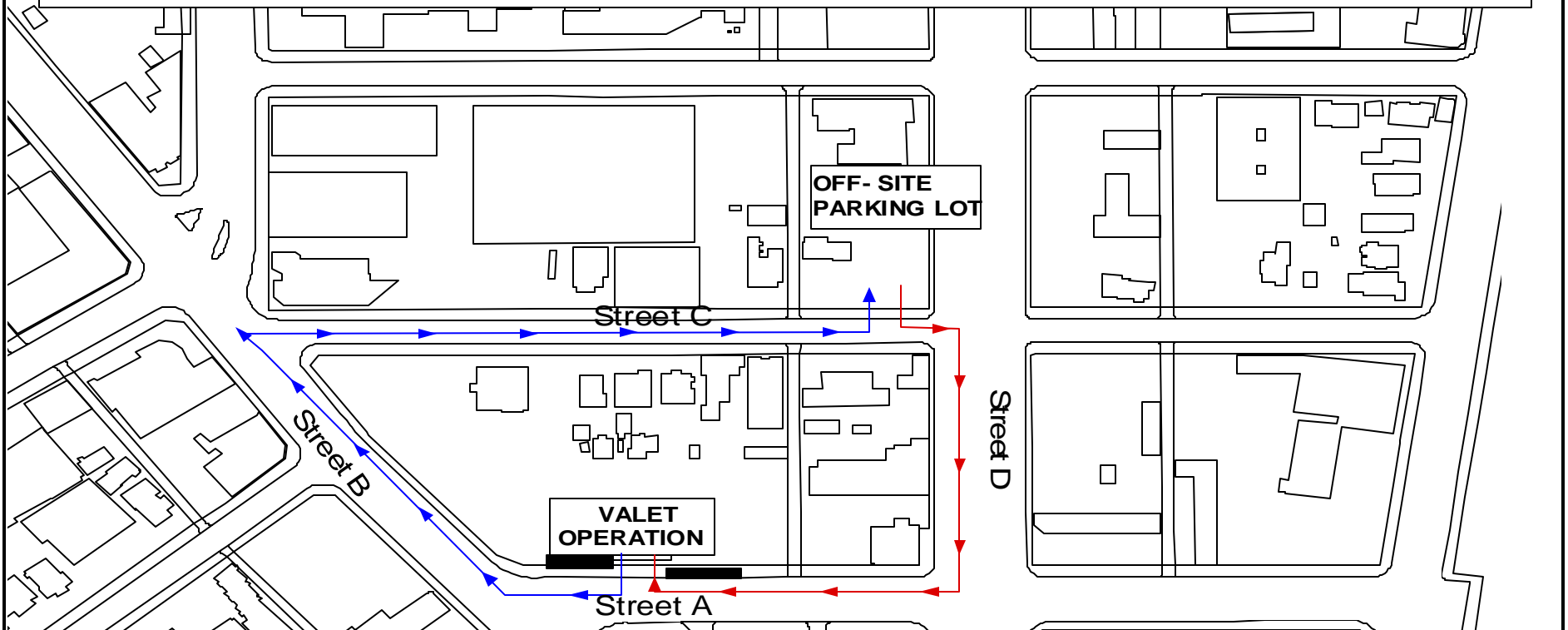
WHO IS AN INSURED (Section II) is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

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:
 - a. "Bodily injury, "property damage," "personal injury" or advertising" arising out of operations performed for the state or municipality; or
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard."

 X
Signature of Person Authorized to Bind Company

 X
Date

SAMPLE- VALET PARKING OPERATION PLAN



PARKING COMPANY NAME
CONTACT NUMBER
TIMES OF OPERATION
DAYS/NIGHTS OF OPERATION
LOCATION OF WHERE VALET PARKING OPERATIONS WILL OCCUR
NUMBER OF PARKING SPACES AT OFF-SITE LOCATION AND ADDRESS
NUMBER OF VALET ATTENDANTS

 **STAGING AREA FOR VALET PARKING CUSTOMER PICK-UP**
 **VALET PICK-UP/ DROP-OFF AREA**
 * INCLUDE LOCATION
 * LENGTH OF PICK-UP/ DROP-OFF AREA

