



The City of Coral Gables Parking Department • 2801 Salzedo Street, 2nd Floor • Coral Gables, Florida 33134

Valet Parking Permit

PERMIT # _____

Check One: **Dinner** **Lunch**

Date: _____ Hours of Operation: _____

Applicant must include copies of valet company's operating proposal, Coral Gables Occupational License if the valet company is a separate company from the applicant's business, and insurance coverage.

Business Name: _____

Address: _____

Telephone Number: _____ Owner's Name: _____

Valet Company Name: _____

Address: _____

Telephone Number: _____ Owner's Name: _____

Number of parking stalls required for pick up and delivery _____

Street prefixes and meter numbers _____

**Request for service requiring change in signage - \$125.00 fee*

Location of vehicle storage site (business name, address, and # of spaces at reserved site): _____

Traffic plan must be submitted on the following page (Attach Exhibit if additional space is required):

Traffic Plan: _____

INDEMNIFICATION:

For and in consideration of the City of Coral Gables consent to allow the Applicant to conduct any type of valet parking operations, services, or activities, including the storage of vehicles within the limits of the City of Coral Gables, the Applicant agrees as follows:
The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants of the operations, services, or activities outlined in this application, including the storage of vehicles. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes. Permittee agrees to all the terms and conditions of this permit, including any provisions of the City of Coral Gables Valet Ordinance and any attachments; agrees to obtain prior City approval for deviations from the information provided herein; and understands that failure to comply with these requirements may result in the immediate cancellation of Valet Permit.

INSURANCE REQUIREMENTS

Evidence of Insurance must be reviewed by the Risk Management Division and approved pursuant to the insurance requirements contained in the City Valet Parking Ordinance.

PERMIT APPLICANT SIGNATURE: _____ TITLE: _____ DATE: _____

OFFICE USE ONLY

INSURANCE APPROVED BY RISK MANAGEMENT

REVIEWED BY: _____ EMPLOYEE # _____

APPROVED BY: _____ TITLE: PARKING DIRECTOR DATE: _____ PERMIT FEES: _____

Traffic Plan: _____

Approved by: _____

Date: _____

◆ THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS ◆

<p align="center">Valet Parking Permit</p> <p align="center">Cover Sheet</p> <p align="center">For</p> <p align="center">Evidencing Insurance to the City of Coral Gables</p>	<p>Legal Name of Permit Applicant (Individual or Company): _____</p> <p>Insurance is being submitted for an ongoing Valet Parking Permit (circle one): YES or NO Insurance is being submitted for a one time Valet Parking Permit (circle one): YES or NO</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the CITY. Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Certificate Holder should read:</p> <p>Email address: cityofcoralgables@ebix.com</p> </td> <td style="width: 50%; vertical-align: top;"> <p>City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</p> </td> </tr> </table> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>	<p>Certificate Holder should read:</p> <p>Email address: cityofcoralgables@ebix.com</p>	<p>City of Coral Gables Insurance Compliance PO Box 12010 - CE Hemet, CA 92546-8010</p>
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<p align="center">Insurance Requirements</p> <p align="center">For</p> <p align="center">Companies and/or Individuals</p>	<p>Permit Applicants are required to evidence the following Insurance to the City;</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Insurance Coverage Type</u></th> <th style="text-align: left;"><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Garage Liability</td> <td>Each Occurrence \$1,000,000 Aggregate \$1,000,000</td> </tr> <tr> <td>Garagekeepers Legal Liability (minimum limits)</td> <td>Per Vehicle \$ 50,000 Aggregate \$ 250,000</td> </tr> <tr> <td>Workers Compensation & Employers Liability</td> <td>Statutorily Required Limits (Coverage is Mandatory)</td> </tr> </tbody> </table> <p>All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis (except workers compensation).</p> <ul style="list-style-type: none"> • All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables. • All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency. <p>Companies evidencing insurance must provide the following documents to the City;</p> <ol style="list-style-type: none"> 1. This Cover Sheet with all of the questions above answered. 2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City. 3. A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary & Non-Contributory Basis. 4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required. 	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Garage Liability	Each Occurrence \$1,000,000 Aggregate \$1,000,000	Garagekeepers Legal Liability (minimum limits)	Per Vehicle \$ 50,000 Aggregate \$ 250,000	Workers Compensation & Employers Liability	Statutorily Required Limits (Coverage is Mandatory)
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	<p>The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.</p>
	<p>City of Coral Gables Insurance Compliance Contact Information Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com</p>