



Caterers and Halls General Liability and Miscellaneous Articles Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-Mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Limits Of Liability and Deductible Requested:

| | |
|--|----|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products & Completed Operations Aggregate | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage To Premises Rented To You (any one premise) | \$ |
| Medical Expense (any one person) | \$ |
| Other Coverages, Restrictions, and/or Endorsements: _____ | \$ |
| Deductible | \$ |

Miscellaneous Articles:

| | |
|--|---|
| Miscellaneous Articles Coverage and Deductible | <input type="checkbox"/> \$ 2,500 (included)/\$250 deductible |
| | <input type="checkbox"/> \$ 5,000/\$250 deductible |
| | <input type="checkbox"/> \$ 7,500/\$250 deductible |
| | <input type="checkbox"/> \$10,000/\$250 deductible |

1. **Description of operations:** _____

2. **Number of years in business:** _____
3. **Is applicant a booking agent or an event/party planner?** Yes No
4. **Payroll:** _____ **Food receipts:** _____
Number of Employees: _____ **Liquor receipts:** _____
Miscellaneous receipts: _____
5. **Give percentage of operations for the following:**
Airline industry: _____% Conventions: _____% Meetings: _____%
Off-shore Gas/Oil Rigs: _____% Parties: _____% Ships: _____%
Sporting events: _____% Weddings: _____% Other—Describe: _____%
6. **Does applicant have liquor liability?** Yes No
If yes, indicate carrier: _____ Limits: _____
7. **Does applicant own or lease (long term) a hall?** Yes No
If yes, what is square footage? _____
8. **Does applicant have a parking area?** Yes No
If yes, is parking area well lit? Yes No
9. **Does applicant provide valet parking service?** Yes No
If yes, is parking done by insured's employees? Yes No
If yes, where is Garage Liability Coverage insured? _____
If no, advise by whom: _____
10. **Does applicant operate a limousine service for guests?** Yes No
If yes, where is Automobile Liability Coverage insured? _____
11. **Number of sandwich/catering or ice cream trucks:** _____
Advise Automobile Liability carrier: _____ Limits: _____
12. **Does applicant hire security guards?** Yes No
If yes:
Are certificates of insurance required from subcontractor? Yes No
Is applicant included as an additional insured on subcontractor's policy? Yes No
13. **Does applicant have Workers' Compensation coverage in force?** Yes No
14. **Where is food prepared?** Commercial kitchen Other If other, please provide complete details:

15. **Does applicant package and sell food under their own label?** Yes No
16. **Are health department regulations followed?** Yes No
17. **How are dishes and linens cleaned and sanitized?** _____

18. **Describe food storage procedures:** _____

19. Are records kept on food suppliers?..... Yes No

20. Equipment:

Are any of the following used?

- Amusement devices (describe: _____)
- Barricades Portable restrooms
- Dance floors Space heaters
- Folding chairs/tables Tents
- Grills (electric, gas, LPG) (describe: _____) Tiki torches/live flames

21. Does applicant separately rent equipment to others? Yes No

If yes, what are receipts? _____

22. Does applicant subcontract any operations? Yes No

If yes:

- a. Description of operations subcontracted? _____
- b. Annual cost of subcontracted work: _____
- c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No
If yes, minimum General Liability limits required: _____
- d. Are certificates of insurance required from all subcontractors? Yes No
- e. Is applicant included as an additional insured on all subcontractors' policies? Yes No
- f. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
If no, explain when not required: _____

23. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

24. Schedule Of Hazards:

| Loc. No. | Classification Description | Class. Code | Exposure | Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other |
|----------|----------------------------|-------------|----------|--|
| | | | | |
| | | | | |
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25. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable to Missouri applicants)..... Yes No

If yes, explain: _____

26. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No
 If yes, describe: _____
27. Does applicant have other business ventures for which coverage is not requested?..... Yes No
 If yes, explain and advise where insured: _____

28. **Prior Carrier Information:**

| | Year: | Year: | Year: | Year: | Year: |
|---------------------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Policy No. | | | | | |
| Coverage | | | | | |
| Occurrence or Claims Made | | | | | |
| Total Premium | | | | | |

29. **Loss History:**

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years. | | | | |
|---|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | | | |
| | | | | |
| | | | | |
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This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.