



U.S. Risk Insurance Group, Inc.

Caterers and Halls General Liability Application

Applicant's Name _____
 Mailing Address _____

 Location _____

Agent Name _____
 Address _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M., Standard Time at the address of the Applicant

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

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$ _____	Premises/Operations \$ _____
Products & Completed Operations Aggregate	\$ _____	
Personal & Advertising Injury	\$ _____	Products/Completed Operations \$ _____
Each Occurrence	\$ _____	
Fire Damage (any one fire)	\$ _____	Other \$ _____
Medical Expense (any one person)	\$ _____	
Other Coverages, Restrictions, and/or Endorsements		Total \$ _____
Deductible	\$ _____	

A. Description of operations: _____

B. Payroll _____ **Food receipts** _____
Liquor receipts _____ **Miscellaneous receipts** _____

C. Give percentage breakdown in following categories:

Parties _____% Weddings _____% Airline industry _____%
 Meetings _____% Conventions _____% Sporting events _____%

D. Does applicant have liquor liability? Yes No If yes, indicate carrier: _____ Limits: _____

E. Does applicant own or lease (long term) a hall? Yes No If yes, what is square footage? _____

F. Is there a parking area? Yes No If yes, is area lit? Yes No

- G. Does applicant provide valet parking service?** Yes No If yes, where is Garage Liability Coverage insured? _____
- H. Does applicant hire security guards?** Yes No If yes, does applicant obtain certificate of insurance or is applicant named as an additional insured? _____
- I. Total number of employees:** _____
- J. Does applicant have Workers' Compensation coverage in force?** Yes No
- K. Does applicant lease employees?** Yes No
- L. Does applicant operate a limousine service for guests?** Yes No If yes, who provides automobile liability coverage? _____
- M. Where is food prepared?** Commercial kitchen Other If other, please provide complete details: _____
- N. Does applicant package and sell food under their own label?** Yes No
- O. Are health department regulations followed?** Yes No
- P. How are dishes and linens cleaned and sanitized?** _____
- Q. Describe food storage procedures:** _____
- R. Are records kept on food suppliers?** Yes No
- S. Equipment:**
 Are any of the following used?
 Tents Folding chairs/tables Amusement devices
 Space heaters Barricades Tiki torches/live flames
 Portable restrooms Dance floors Grills _____
 (electric, gas, LPG)
- T. Does applicant separately rent equipment to others?** Yes No If yes, what are receipts? _____
- U. During the past three years has any company ever cancelled, declined, or refused similar insurance to the applicant?**
 Yes No If yes, explain: (Not applicable to Missouri applicants.) _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS									
Loc. No.	Classification	Class. Code	Premium Bases:		Terr.	Rate		Premium	
			(s) Gross Sales (a) Area	(p) Payroll (c) Total Cost (t) Other		Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.

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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

APPLICANT'S SIGNATURE _____ Date _____
 (MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME _____ AGENT LICENSE NUMBER: _____
 (Applicable to Florida Agents Only.)

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.

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