



**CATERERS AND HALLS GENERAL LIABILITY AND MISCELLANEOUS ARTICLES APPLICATION**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**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" (N/A)

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company  
 Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**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/\$250 deductible (included)
	<input type="checkbox"/> \$ 5,000/\$250 deductible
	<input type="checkbox"/> \$ 7,500/\$250 deductible
	<input type="checkbox"/> \$10,000/\$250 deductible
	<input type="checkbox"/> \$15,000/\$250 deductible
	<input type="checkbox"/> \$25,000/\$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 the square footage?.....  
How many acres of land? .....
8. **Does applicant have outdoor venue(s) without hall exposure?**.....  Yes  No  
If yes, how many acres of land? .....
9. **Does applicant have a parking area?** .....  Yes  No  
If yes, is parking area well lit?.....  Yes  No
10. **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: \_\_\_\_\_
11. **Does applicant operate a limousine service for guests?** .....  Yes  No  
If yes, where is Automobile Liability Coverage insured? \_\_\_\_\_
12. **Number of sandwich/catering or ice cream trucks:** .....  
Advise Automobile Liability carrier: \_\_\_\_\_ Limits: \_\_\_\_\_
13. **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
14. **Does applicant have Workers' Compensation coverage in force?** .....  Yes  No
15. **Where is food prepared?**  Commercial kitchen  Other If other, please provide complete details:  
\_\_\_\_\_  
\_\_\_\_\_
16. **Does applicant package and sell food under their own label?**.....  Yes  No
17. **Are health department regulations followed?** .....  Yes  No

18. How are dishes and linens cleaned and sanitized? \_\_\_\_\_

19. Describe food storage procedures: \_\_\_\_\_

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

**21. Equipment:**

Indicate which of the following are used:

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

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

If yes, what are receipts?..... \_\_\_\_\_

23. 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: \_\_\_\_\_

**24. Additional Insured Information:**

Name	Address	Interest

**25. Schedule Of Hazards:**

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

26. 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: \_\_\_\_\_  
 \_\_\_\_\_

27. 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: \_\_\_\_\_

28. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

29. Prior Carrier Information:

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

30. 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)

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE 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 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.



## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

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

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:			
			1. _____ %				
			2. _____ %				

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

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 Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
<b>Deductible</b>	\$	\$

**Schedule of Hazards**

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

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US 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 \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

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