# CATERERS AND HALLS GENERAL LIABILITY AND MISCELLANEOUS ARTICLES APPLICATION

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| 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 and Completed Operations Aggregate | $      |
| Personal and 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 | [ ]  $ 2,500/$250 deductible (included)[ ]  $ 5,000/$250 deductible[ ]  $ 7,500/$250 deductible[ ]  $10,000/$250 deductible[ ]  $15,000/$250 deductible[ ]  $25,000/$250 deductible |

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| **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. 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

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| 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

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| **17. How are dishes and linens cleaned and sanitized?**       |

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

**19. Are records kept on food suppliers?** [ ]  Yes [ ]  No

**20. 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

**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:

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| **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

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| 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

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| If yes, describe:       |

**27. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**28. Prior Carrier Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |       |       |
| **Policy No.** |       |       |       |       |       |
| **Coverage** |       |       |       |       |       |
| **Occurrence orClaims Made** |       |       |       |       |       |
| **Total Premium** |       |       |       |       |       |

**29. Loss History:**

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| **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.** [ ]  Check if no losses last five years. |
| **Date ofLoss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       |       |       |       |
|       |       |       |       |       |
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**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.)

**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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

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

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|  | 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. |