# 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:**

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| --- | --- | --- |
| **Name** | **Address** | **Interest** |
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**24. Schedule Of Hazards:**

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| --- | --- | --- | --- | --- |
| **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:**

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| --- | --- | --- | --- | --- | --- |
|  | **Year:** | **Year:** | **Year:** | **Year:** | **Year:** |
| **Carrier** |  |  |  |  |  |
| **Policy No.** |  |  |  |  |  |
| **Coverage** |  |  |  |  |  |
| **Occurrence or Claims 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 of Loss** | **Description of Loss** | **Amount Paid** | **Amount Reserved** | **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 |  |
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| 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. | | |