



Mid Valley General Agency LLC
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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 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	<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
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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
 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:

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:

- 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

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)

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: _____

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.