

**Caterers and Halls General Liability Application**

  Applicant’s Name Agent Name

  Mailing Address Address

  Location **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 Deductible | $ | Total$ |

**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?** (Not applicable to Missouri applicants.) ❑ Yes ❑ No

If yes, explain:

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **COMPANY** | **POLICYNO.** | **PREMIUM** | **LOSSES PAID** | **LOSSES RESERVED** | **DESCRIPTION** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

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 concerningcharacter, general reputation, personal characteristics and mode of living. Upon written request, additional informationas 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