

## Caterers and Halls General Liability

1. Agency Code: \_\_\_\_\_ Agency: \_\_\_\_\_  
 2. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_  
 3. Producer: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 4. Assistant: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Application courtesy of <http://www.insurance-applications.com>**

### **General Information:**

5. Business Name (dba): \_\_\_\_\_  
 6. Legal Name: \_\_\_\_\_ Years In Business: \_\_\_\_\_  
 7. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 8. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 9. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 10. Email Address: \_\_\_\_\_ Web site: \_\_\_\_\_  
 11. Type of Entity:  Individual  Partnership  Joint Venture  Corporation  Other: \_\_\_\_\_  
 12. Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Need By Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Description of Operations & Exposures:**

13. \_\_\_\_\_  
 \_\_\_\_\_

### **Business Information:**

14.

	Current 12 Months	Next 12 Months
⇒ Payroll:	\$ _____	\$ _____
⇒ Food Receipts:	\$ _____	\$ _____
⇒ Liquor Receipts:	\$ _____	\$ _____
⇒ Miscellaneous Receipts:	\$ _____	\$ _____

15. Please categorize activities by % as follows:

⇒ Parties: \_\_\_\_\_ %      ⇒ Weddings: \_\_\_\_\_ %      ⇒ Airline Industry: \_\_\_\_\_ %  
 ⇒ Meetings: \_\_\_\_\_ %      ⇒ Conventions: \_\_\_\_\_ %      ⇒ Sporting Events: \_\_\_\_\_ %  
 ⇒ Other: \_\_\_\_\_ %      Please describe: \_\_\_\_\_

16. Does applicant have liquor liability coverage in force?  Yes  No

If yes, please indicate:

⇒ Carrier: \_\_\_\_\_  
 ⇒ Limits: \$ \_\_\_\_\_  
 ⇒ Policy Term: \_\_\_\_\_

17. Does applicant own or lease (long term) a hall?  Own  Lease  N/A

If applicant owns or leases a hall, what is the premises square footage: \_\_\_\_\_ Sq. Ft.

What is construction: \_\_\_\_\_

Is premises sprinklered?  Yes  No

Yes  No

How many exits are there? \_\_\_\_\_

18. Is there an owned/controlled parking area?  Yes  No

If yes, is the area lit?  Yes  No

**Business Information:**

19. Does applicant provide valet parking service?  Yes  No

If yes, please indicate:

⇒ Garage Liability Carrier: \_\_\_\_\_

⇒ Limits: \$ \_\_\_\_\_

⇒ Policy Term: \_\_\_\_\_

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20. Does applicant hire security guards?  Yes  No

If yes, does applicant obtain Certificate of Insurance?  Yes  No

Is applicant named as an additional insured?  Yes  No

21. Total number of employees: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

22. Does applicant have Workers' Compensation coverage in force?  Yes  No

If yes, please provide:

⇒ Carrier: \_\_\_\_\_

⇒ Policy Term: \_\_\_\_\_

23. Does applicant lease employees?  Yes  No

24. Does applicant operate a limousine service for guests?  Yes  No

If yes, who provides Automobile Liability coverage:

⇒ Carrier: \_\_\_\_\_

⇒ Limits: \$ \_\_\_\_\_

⇒ Policy Term: \_\_\_\_\_

25. Where is food prepared:  Commercial Kitchen  Other  At address above  Other

If other, please provide complete details: \_\_\_\_\_

26. Does applicant package and sell food under their own label?  Yes  No Receipts?: \_\_\_\_\_

27. Are health department regulations followed?  Yes  No

28. Has applicant ever been cited for any Health Department violations?  Yes  No

If yes, please explain: \_\_\_\_\_

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

30. Please describe food storage procedures: \_\_\_\_\_

31. Are records kept on food suppliers?  Yes  No

32. Are any of the following equipment used (check all that apply):

- |   |                                |                                 |  |                                 |                                 |
|---|--------------------------------|---------------------------------|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> Tents  | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Barricades              | <input type="checkbox"/> Owned  | <input type="checkbox"/> Rented |
| <input type="checkbox"/> Space Heaters  | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Dance Floors            | <input type="checkbox"/> Owned  | <input type="checkbox"/> Rented |
| <input type="checkbox"/> Portable Restrooms                                       | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Amusement Devices       | <input type="checkbox"/> Owned  | <input type="checkbox"/> Rented |
| <input type="checkbox"/> Folding Chairs/Tables                                    | <input type="checkbox"/> Owned | <input type="checkbox"/> Rented | <input type="checkbox"/> Tiki Torches/Live Flame | <input type="checkbox"/> Owned  | <input type="checkbox"/> Rented |
| <input type="checkbox"/> Grills (please specify whether electric, gas,LPG): _____ |                                |                                 | <input type="checkbox"/> Owned                   | <input type="checkbox"/> Rented |                                 |

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

If yes, what are receipts: \$ \_\_\_\_\_

If yes, is a standard rental agreement used?  Yes  No

Does rental agreement include a hold harmless clause?  Yes  No

Please attach a copy of the rental agreement.

**Business Information:**

34. Schedule of Hazards:

#	Classification	Class Code	Premium Bases <sup>1</sup>	Terr.	Rate		Premium	
					Prem/Ops	Products	Prem/Ops	Products
1								
2								
3								
4								
5								
6								

<sup>1</sup> (S)Gross Sales; (P)Payroll; (A)Area;(C)Total Cost; (T)Others

Application courtesy of <http://www.insurance-applications.com>

**Previous Insurance & Loss Experience:**

34. Prior Carrier Information:

Carrier	Premium	Policy Number	Effective Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

35. Claim, Loss & Incident Information:

No losses, claims or incidents:

Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____
____/____/____	_____	_____	____/____/____	_____

\* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

36. Company Loss Run:  Attached  Has been requested and will be available prior to binding.  
 Is not available  Has been requested but won't be available until after binding.

**Limits of Liability:**

37. Limit of Liability: \$ \_\_\_\_\_ Occ/Agg

**Attachments:**

- ⇒ Hall Rental Agreement if applicable.
- ⇒ Equipment Rental Agreement if applicable.
- ⇒ Loss Runs if applicable.
- ⇒ Current Financial Statement.

**READ AND SIGN BELOW:**

*I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED  
PRIOR TO COVERAGE BEING BOUND**

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***Marketing Information:***

Do you currently control this account? \_\_\_\_\_ Have you inspected and do you recommend this account? \_\_\_\_\_

Price and terms needed to write the account? \_\_\_\_\_

Is this a firm order at those price and terms? \_\_\_\_\_ ***Signature of Producer:*** \_\_\_\_\_