

## 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 Expenses (any one person) \$	\$
Other Coverages, Restrictions, and/or Endorsements \$	Total
Deductible \$	\$

A. Description of operations: \_\_\_\_\_

B. Payroll \_\_\_\_\_ Food receipts \_\_\_\_\_  
Liquor receipts \_\_\_\_\_ Miscellaneous receipts \_\_\_\_\_

C. Five percentage breakdown in following categories:  
Parties \_\_\_\_\_% Weddings \_\_\_\_\_% Airline industry \_\_\_\_\_%  
Meeting \_\_\_\_\_% Conventions \_\_\_\_\_% Sporting events \_\_\_\_\_%

D. Does applicant have liquor liability: Yes No  
If Yes, indicate carrier \_\_\_\_\_ Limit \_\_\_\_\_

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 an additional insured? Yes No

I. Total number of employees: \_\_\_\_\_

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

## Caterers and Halls General Liability Application

- 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?  Yes  No

- Q. Describe food storage procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- R. Are records kept on food suppliers? \_\_\_\_\_  
 \_\_\_\_\_

- S. Equipment:  
 Are any of the following used?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Tents              | <input type="checkbox"/> Folding Chairs/tables | <input type="checkbox"/> Amusement devices                     |
| <input type="checkbox"/> Space Heaters      | <input type="checkbox"/> Barricades            | <input type="checkbox"/> Torches/live flame                    |
| <input type="checkbox"/> Portable restrooms | <input type="checkbox"/> Dance Floors          | <input type="checkbox"/> Grills: _____<br>(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 canceled, declined or refused similar insurance to the applicant? If yes, explain: (not applicable to Missouri applicants) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_