



Western Heritage INSURANCE COMPANY

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250
1-800-873-9442 • Fax (480) 596-7859

Caterers and Halls General Liability Application

Applicant's Name _____
Mailing Address _____
Location _____

Agent Name _____
Address _____

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		Total
Deductible	\$	\$

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?

- | | | |
|---|--|---|
| <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"/> Tiki torches/live flames |
| <input type="checkbox"/> Portable restrooms | <input type="checkbox"/> Dance floors | <input type="checkbox"/> 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	POLICY NO.	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 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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE