

## 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

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- 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: \_\_\_\_\_