

# 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 \$ _____	Products Completed Operations \$ _____
Personal & Advertising Injury \$ _____	Other \$ _____
Each Occurrence \$ _____	Medical Expenses (any one person) \$ _____
Fire Damage (any one fire) \$ _____	Other Coverages, Restrictions, and/or Endorsements \$ _____
Medical Expenses (any one person) \$ _____	Deductible \$ _____
Other Coverages, Restrictions, and/or Endorsements \$ _____	Total \$ _____

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?
- |                    |                       |                                       |
|--------------------|-----------------------|---------------------------------------|
| Tents              | Folding Chairs/tables | Amusement devices                     |
| Space Heaters      | Barricades            | Torches/live flame                    |
| Portable restrooms | Dance Floors          | 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: \_\_\_\_\_