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 ☐ Partne	ership Joint Venture Other (Specify)
LIMITS OF LIABILITY REQU	UESTED 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	\$
	l
A. Description of operations:	receipts
<u> </u>	ellaneous receipts
C. Give percentage breakdown in following categories	:
Parties% Weddings _	% Airline industry%
Meetings% Conventions	% Sporting events%
D. Does applicant have liquor liability? 🗌 Yes 🔻 🗎 No	o 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 a	area lit? ☐ Yes ☐ No

med as an additional insolatal number of employer oes applicant have Workes applicant lease emploes applicant operate an operate and there is food prepared? The pes applicant package are health department researches.	ured? es: kers' Compensation bloyees? ☐ Yes limousine service ☐ Commercial kitch	on coverage in fo	orce? ☐ Yes ☐ Yes ☐ No If y If other, please p] No /es, who provides au	itomobile liability coverage?				
pes applicant have Wor pes applicant lease emp pes applicant operate a here is food prepared? pes applicant package a e health department re	kers' Compensation Note: The service of the servic	on coverage in fo	Yes ☐ No If y	/es, who provides au					
pes applicant lease emples applicant operate a per applicant operate a per establishment per applicant package a per health department re	Ilmousine service Commercial kitch	No for guests?	Yes ☐ No If y	/es, who provides au					
pes applicant operate a here is food prepared? pes applicant package a e health department re	Iimousine service	e for guests?	If other, please p						
here is food prepared? bes applicant package a e health department re	☐ Commercial kito	chen	If other, please p						
es applicant package a	and sell food unde			provide complete deta					
e health department re		i tileli Owii label	: - 163 - 146	,	ails:				
•	guiations followed	12 🗆 V 🗆 N	·_	. Does applicant package and sell food under their own label? ☐ Yes ☐ No . Are health department regulations followed? ☐ Yes ☐ No					
NW are diches and linen									
How are dishes and linens cleaned and sanitized?									
Describe food storage procedures:									
•	suppliers: 🗀 Tec	J 110							
•	242								
		aire/tables		at devices					
	<u> </u>								
·									
					_				
es applicant separatel	y rent equipment t	o others? 🗌 Yes	s □ No If yes	, what are receipts?					
• .	-				• •				
us Insurer: Indicate pre	mium and losses	for the past thre	e years. Describe	all losses.					
R COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION				
	e records kept on food uipment: e any of the following use Tents Space heaters Portable restrooms es applicant separately uring the past three ye Yes No If yes, us Insurer: Indicate pre	e records kept on food suppliers? Yes uipment: e any of the following used? Tents	e records kept on food suppliers? Yes No uipment: e any of the following used? Tents	e records kept on food suppliers? Yes No uipment: e any of the following used? Tents Folding chairs/tables Amusemer Space heaters Barricades Tiki torches Portable restrooms Dance floors Grills es applicant separately rent equipment to others? Yes No If yes uring the past three years has any company ever cancelled, declined, of Yes No If yes, explain: (Not applicable to Missouri applicants.) us Insurer: Indicate premium and losses for the past three years. Describe	e records kept on food suppliers?				

	SCHEDULE OF HAZARDS							
Loc.	Classification	Class.				ate	Premium	
No.		Terr.	Prem./Ops.	Products/ Comp. Ops.	Prem./Ops.	Products/ Comp. Ops.		

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(MU	UST BE OWNER, PARTNER OR OFFICER)	Date
AGENT NAME		AGENT LICENSE NUMBER:
NAME AND PHONE NUMBER OF IND	IVIDUAL TO CONTACT FOR INSPECTION/	/AUDIT
	IMPORTANT NOTICE —— ure, a routine inquiry may be made to obtain appli	

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

report, if one is made, will be provided.