

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043 SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125

SAN DIEGO: (800) 660-1125

License #0705050

Caterers and Halls General Liability Application

Applicant's Name		
Mailing Address	Address	
Location	PROPOSED EFFECTIVE D	ATE:
	From	То
	12:01 A.M., Standard Tin	ne at the address of the Applicant
Applicant is: ☐ Individual ☐ Corporation ☐ Partr	nership 🔲 Joint Venture 🔲 Other (Sp	ecify)

LIMITS OF LIABILITY REC	QUESTED	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:		
	d receipts	
<u></u>	cellaneous receipts	
C. Give percentage breakdown in following categorie	······································	
Parties % Weddings	% Airline industry	%
	% Sporting events	
D. Does applicant have liquor liability? ☐ Yes ☐ N	lo If yes, indicate carrier:	Limits:
E. Does applicant own or lease (long term) a hall? □	Yes No If yes, what is square foo	tage?
F. Is there a parking area? ☐ Yes ☐ No If yes, is	area lit? ☐ Yes ☐ No	

G.	Does applicant provide v	alet parking serv	ice? 🗌 Yes 🔲 1	No If yes, where	e is Garage Liability C	overage insured?	
H.	Does applicant hire secunamed as an additional ins	- -					
I.	Total number of employed	es:					
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?						
М.	Where is food prepared?	☐ Commercial ki	tchen	If other, please p	provide complete deta	iils:	
N.	Does applicant package and sell food under their own label? Yes No						
Ο.	Are health department regulations followed? ☐ Yes ☐ No						
Р.	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 use	ed?					
	☐ Tents	☐ Folding ch	nairs/tables	☐ Amusemer	nt devices		
	☐Space heaters	☐ Barricade	s	☐ Tiki torche	s/live flames		
	☐ Portable restrooms	☐ Dance floo	ors			_	
					(electric, gas, LPG		
Τ.	Does applicant separately	/ rent equipment	to others? Yes	。 □ No If yes	, what are receipts?		
U.	During the past three ye ☐ Yes ☐ No If yes,	=	-		r refused similar in:	· · · · · · · · · · · · · · · · · · ·	
Pre	evious Insurer: Indicate pre	mium and losses	s for the past three	e years. Describe	e all losses.		
Υ	EAR COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION	

SCHEDULE OF HAZARDS								
Loc. No.	Classification	Class.	()	Terr.	Rate		Premium	
		Code			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		Date	
	(MUST BE OWNER, PARTNER OR OFFICER)		
AGENT NAME		AGENT LICENSE NUMBER:	
	•		
NAME AND BUONE NUMBER	0. OF INDIVIDUAL TO CONTACT FOR INORFOTION/A	UDIT	
NAME AND PHONE NUMBER	R OF INDIVIDUAL TO CONTACT FOR INSPECTION/A		
	IMPORTANT NOTICE		
	ing procedure, a routine inquiry may be made to obtain applica racteristics and mode of living. Upon written request, addition report, if one is made, will be provided.		

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