

## Caterers and Bartending Services Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING

**Coverage(s) Desired:**    Property    General liability    Liquor liability    Inland marine

### I. INSTANT QUOTE INFORMATION

*Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.*

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business:    Individual    Corporation    Partnership    LLC    Other: \_\_\_\_\_

**Description of Operations:**    Catering    Bartending service

1. Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years?  Yes    No

*If "Yes," please complete section II.*

2. What year did the business start? \_\_\_\_\_  
 3. How many years at the current location? \_\_\_\_\_

4. Exposure basis:  
 a. Catering/Bartending service receipts : \$ \_\_\_\_\_  
 b. Total number of events involving alcohol: \_\_\_\_\_  
 c. Average attendance at events: \_\_\_\_\_  
 d. State in which majority of jobs are located: \_\_\_\_\_

### General Liability Coverage

5. Occurrence/Aggregate limit:    \$100,000/\$200,000    \$300,000/\$600,000    \$500,000/\$500,000    \$500,000/\$1 million  
     \$1 million/\$1 million    \$1 million/\$2 million

6. Add hired and non-owned automobile liability?    Yes    No   *If "Yes," please answer questions 41–43*

### Liquor Liability Coverage

7. Occurrence/Aggregate limit:    \$50,000/\$100,000    \$100,000/\$200,000    \$300,000/\$600,000    \$500,000/\$500,000  
     \$500,000/\$1 million    \$1 million/\$1 million    \$1 million/\$2 million

### II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST 5 YEARS AND ADDITIONAL INTERESTS

8. Have there been any liquor violations, citations, charges or enforcement actions in the past five years?  Yes    No

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

*Please provide additional claims or information on separate sheet*

9. Have there been any losses in the past five years?

Yes  No

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault and Battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on separate sheet

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. ELIGIBILITY CRITERIA**

- 10. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner individually within the past five years?  Yes  No
- 11. Has coverage been canceled or nonrenewed in the past three years?  Yes  No
- 12. Does any building built prior to 1978 have aluminum wire or knob and tube wiring?  Yes  No
- 13. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers?  Yes  No

**General Liability**

- 14. Are all department of health regulations followed?  Yes  No
- 15. Are certificates of insurance obtained from all entities that are contracted to perform work or services for the applicant (excluding those hired for food, alcohol or waitstaff services)?  Yes  No
- 16. Are food services provided to schools, hospitals, nursing homes, assisted living facilities, prisons or aircrafts?  Yes  No
- 17. Are security or bouncers provided or subcontracted by the applicant?  Yes  No
- 18. Does the applicant have a process in place for all food shipped or delivered by mail to ensure a temperature is maintained to prevent spoilage?  Yes  No
- 19. Does the applicant's catering operation offer event planning, staging/lighting production, audio-visual, entertainers or other event services?  Yes  No
- 20. Is equipment rented to others without providing catering services?  Yes  No

**Liquor Liability**

- 21. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state?  Yes  No
- 22. What is the latest time an event will end? \_\_\_\_\_  a.m.  p.m.  24 hours
- 23. Is the applicant requesting liquor liability limits greater than the general liability limits carried?  Yes  No  
*As a condition of coverage, general liability limits must be maintained at limits equal to or greater than liquor liability limits.*
- 24. Does the applicant have and will they maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  N/A  Yes  No
- 25. Liquor license name (if applicable): \_\_\_\_\_ License number (if applicable): \_\_\_\_\_
- 26. Does or will the applicant:
  - a. Permit self-service of alcohol?  Yes  No
  - b. Feature an open bar past 12 a.m.?  Yes  No

27. Does the applicant hire independent contractors to sell or serve alcohol?  Yes  No
- a. Does the applicant confirm independent contractors (servers) carry their own liquor liability coverage at equal or higher limits than the applicant?  Yes  No
- b. Has the independent contractor named the applicant as an additional insured?  Yes  No
28. Are a majority of the events that the applicant serves or sells alcohol for predominantly youthful clientele ranging from 21–25 years of age?  Yes  No
29. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
30. Has liquor liability coverage been canceled or nonrenewed in the past five years?  Yes  No
31. Will the applicant ever do business in any of the following states: Alabama, Alaska, Illinois, Louisiana, Minnesota, Mississippi, Rhode Island or West Virginia?  Yes  No

**Property**

32. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors?  Yes  No
33. Are there functional and operational fire extinguishers that are readily available?  Yes  No
34. Are there grills, deep fat frying equipment or woks on the premises?  Yes  No
- If "Yes," please complete the following:
- a. What type of extinguishing system is functional and operational?  N/A  Dry  Wet
- i. If "Dry," is there a deep fat fryer on premises?  Yes  No
- b. Do all gas grills, deep fat frying equipment and woks have a functional and operational automatic fire extinguishing system that is compliant with National Fire Protection Association Standard 96?  Yes  No
- c. Does the automatic fire extinguishing system have an in-force cleaning contract?  Yes  No

**Property Coverage**

<b>Building Construction:</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Fire resistive				
Protection Class _____	Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____				
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____				
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____				
What is the age of the roof? _____ years				
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
<b>Building Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
<b>Business Personal Property Limit:</b> \$ _____		<b>Coinsurance</b> (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
<b>Business Income Limit:</b> \$ _____		<b>Coinsurance</b> _____ <u>or</u> <b>Monthly Limit of Indemnity</b>		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		
<b>Improvements and Betterments:</b> \$ _____				
<b>Outdoor signs</b> \$ _____			<b>Canopy/Awning</b> \$ _____	

**Inland Marine**

Optional inland marine coverage  Yes  No *If "Yes," please answer questions 35–40*

35. Requested limit for scheduled equipment (pieces over \$2,500 in value): \$ \_\_\_\_\_

36. Requested limit for unscheduled equipment: \$ \_\_\_\_\_

37. Deductible:  \$500  \$1,000  \$2,500  \$5,000

38. Does the applicant lease, loan or rent equipment to others?  Yes  No

39. Is any property ever sent by mail or parcel post?  Yes  No

40. Schedule of property and equipment for which coverage is requested:

Item	Description (Year, Manufacturer and Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

**Hired and Non-owned**

41. Is there a commercial auto insurance policy in force?  Yes  No

42. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

43. Are employees or volunteers required to use their personal vehicles to conduct the applicant's business on a regular basis?  Yes  No

**VII. ADDITIONAL APPLICANT INFORMATION**

Applicant's signature: \_\_\_\_\_  
(Owner, Officer or Partner)

Title: \_\_\_\_\_ (Required) Date: \_\_\_\_\_ (Required)

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** 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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_