



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) .....

Table with 2 columns: LIMITS OF LIABILITY REQUESTED and PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, etc.

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 losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

**APPLICABLE IN THE STATE OF PENNSYLVANIA:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN THE STATE OF NEW YORK:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

**APPLICABLE IN ALL OTHER STATES:**

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date