



CATERERS AND HALLS SUPPLEMENTAL APPLICATION

1. Applicant's Name: _____

2. Description of operations: _____

3. Payroll _____ Food receipts _____

Liquor receipts _____ Miscellaneous receipts _____

4. Give percentage breakdown in following categories:

Parties _____% Weddings _____% Airline industry _____%

Meetings _____% Conventions _____% Sporting events _____%

5. Does applicant have liquor liability? Yes No

If yes, indicate carrier: _____ Limits: _____

6. Does applicant own or lease (long term) a hall? Yes No

If yes, what is square footage? _____

7. Is there a parking area? Yes No If yes, is area lit? Yes No

8. Does applicant provide valet parking service? Yes No

If yes, where is Garage Liability Coverage insured? _____

9. Does applicant hire security guards? Yes No

If yes, does applicant obtain certificate of insurance or is applicant named as an additional insured?

10. Total number of employees: _____

11. Does applicant have Workers' Compensation coverage in force? Yes No

12. Does applicant lease employees? Yes No

13. Does applicant operate a limousine service for guests? Yes No

If yes, who provides automobile liability coverage? _____

14. Where is food prepared? Commercial kitchen Other

If other, please provide complete details: _____

15. Does applicant package and sell food under their own label? Yes No

16. Are health department regulations followed? Yes No

17. How are dishes and linens cleaned and sanitized? _____

18. Describe food storage procedures: _____

19. Are records kept on food suppliers? Yes No

20. 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"/> Tiki torches/live flames |
| <input type="checkbox"/> Portable restrooms | <input type="checkbox"/> Dance floors | <input type="checkbox"/> Grills _____
(electric, gas, LPG) |

21. Does applicant separately rent equipment to others? Yes No

If yes, what are receipts? _____

22. During the past three years has any company ever cancelled, declined, or refused similar insurance to the applicant?

Yes No If yes, explain: (Not applicable to Missouri applicants.) _____

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.

Signature of applicant: _____

Date: _____