



Off-Premises Caterer Product

OFF-PREMISES CATERER PRODUCT WARRANTY APPLICATION

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.

If our renewal, please provide the expiring policy number: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address.

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

Web address: \_\_\_\_\_

Description of operations:

[Empty box for description of operations]

Do you own the building?  Yes  No (If "No," skip Building Owner Questions under both the Property & Liability Sections below)

How many years has the applicant been at the current location? \_\_\_\_\_

Property Section

Construction:  Frame  Joisted masonry  Non-combustible  Masonry non-combustible
 Modified fire-resistive  Fire-resistive  Other \_\_\_\_\_

Protection class: \_\_\_\_\_

Requested cause of loss:  Basic  Special

Requested valuation:  Replacement cost  Actual cash value

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

Coinsurance:  80%  90%  100%

Business personal property limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

Is there commercial cooking on the premises?  Yes  No

What type of extinguishing system is functioning and operational?  Wet  Dry

Is there a deep fat fryer on the premises?  Yes  No

Building Owner

Building limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Cooking Supplement - If no cooking, check here

Describe cooking equipment used:

Grills  Open flame  Oven  Deep fat fryers  Charcoal grill

Barbeque pit/smoker Type or brand: \_\_\_\_\_ Distance from building: \_\_\_\_\_ ft.

Business of applicant:  Off-premises caterer

Specify operations other than serving food and beverage (describe):

General Liability Section

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

Does the applicant own a hall or caterer events on an owned premises?  Yes  No

If yes provide total sqr footage of premises \_\_\_\_\_

Table with 3 columns: Description, Prior 12 Months (\$), Next 12 Months (\$). Rows include: 24. Off-premises catered events - Food, Off-premises catered events - Alcohol, Catered events on an owned premises - Food, Catered events on an owned premises - Alcohol, Other (specify):, Total annual receipts:

Inland Marine Section

Schedule of property and equipment for which coverage is requested:

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

Unscheduled property and equipment – individual item maximum of \$2,500 in value:

Description of items	Largest Item	Total of all Items
	\$	\$

- Does the insured lease, loan or rent covered property or equipment to others?  Yes  No
- Is all insured property or equipment on this schedule left unlocked and/or unsecured when not in use?  Yes  No
- If so, is the place of storage protected by a central station alarm system?  Yes  No
- Are any objects unique or difficult to replace?  Yes  No
- Do any objects have value beyond their apparent worth due to being rare or collectible?  Yes  No

Liquor

Off-Premises Caterer:

Is applicant licensed to sell alcohol off-premises? Yes No

Total estimated number of events in the next 12 months: \_\_\_\_\_

Estimated receipts generated from the sale of alcohol in the next 12 months: \_\_\_\_\_

Total estimated number of events entailing only the service of alcohol in the next 12 months: \_\_\_\_\_

What is the maximum attendance at events? \_\_\_\_\_

Is an open bar featured at more than 50% of the annual events?  Yes  No

Banquet Hall:

Total estimated number of events entailing only the service of alcohol in the next 12 months: \_\_\_\_\_

Estimated receipts generated from the sale of alcohol in the next 12 months: \_\_\_\_\_

Total square footage of all banquet rooms: \_\_\_\_\_

Is an open bar featured at more than 50% of the annual events?  Yes  No

Is self-service of alcohol by attendees permitted at any events?  Yes  No

**GENERAL LIABILITY**

1. Limits desired:

General aggregate	\$	Personal and advertising injury	\$
Products and completed operations aggregate	\$	Damage to premises rented to you	\$
Each occurrence	\$	Medical expense (any one person)	\$

2. Maximum number of people the applicant will caterer an event for? \_\_\_\_\_
3. Does the applicant keep or permit any firearms on the premises or at events?  Yes  No
4. Has the applicant received any health or safety violations?  Yes  No
- If yes, details \_\_\_\_\_

5. Does the applicant meet at least one of the following criteria: operate from a certified kitchen with a food service license, or has the ServeSafe Food Safety or Hazard Analysis and Critical Control point certification?  Yes  No
6. Does the applicant serve a hospital, nursing home, school or prison?  Yes  No
7. Does the applicant have or hire security personnel?  Yes  No
8. Does the applicant obtain proof of insurance from all independent contractors?  Yes  No
9. If the applicant is the building owner and there are habitational units, please complete the following:
  - a. If the building is over three stories in height, is there a fully enclosed, fire-protected stairwell or a functioning fire escape?  Yes  No
  - b. If the building is over seven stories in height, is the building 100% sprinklered?  Yes  No
  - c. If there are security bars on any windows, are they equipped with a self-releasing mechanism on the inside of all bars?  Yes  No
  - d. Are all locks "re-keyed" prior to leasing to new tenants?  Yes  No
  - e. Are any renovations ongoing or planned during the policy period?  Yes  No
  - f. Are any units operated as assisted living, group home or rooming/boarded house?  Yes  No
  - g. Are any units occupied by student or subsidized tenants?  Yes  No

10. List expiring liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

11. Certificates of insurance obtained from all independent contractors.  True  False
12. No rental of tools or equipment to others.  True  False
13. No prohibited entertainment exposures even on a subcontracted basis (Refer to Off-Premises Catering Product Guidelines).  True  False
14. No event planning or staging/producing of lighting, audio-visual, or performing shows.  True  False
15. No travel or lodging services.  True  False
16. No owned tents larger than 500 sq. ft.  True  False
17. No mobile catering operations (selling of products from a vehicle).  True  False
18. No exposure to "Meals on Wheels"  True  False
19. No food or services provided to aircrafts  True  False
20. No exposure to walking vendors  True  False
21. No exposure to vending machines or vending carts  True  False
22. No security or bouncers provided or subcontracted by the applicant  True  False
23. No more than 500 attendees at any one event in the past year  True  False
24. No food or services provided to hospitals, nursing homes, assisted living facilities, prisons or similar establishments where special dietary instructions are required.  True  False

**III. PROPERTY COVERAGE**

25. Has any owner or general partner ever been convicted of a felony or arson?  Yes  No
26. Has any owner or general partner had any prior tax liens?  Yes  No
27. Cooking Supplement – If no cooking, check here 
  - a. Is there a cleaning contract in force with an outside firm?  Yes  No  
 Frequency of cleaning: \_\_\_\_\_ Date last serviced: \_\_\_\_\_
  - b. Is vegetable oil used in cooking?  Yes  No

28. Limits desired and rating information

Building Construction <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	Protection Class _____ _____	Deductible <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000	Cause of Loss <input type="checkbox"/> Basic/named Perils <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____ %	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit:	\$ _____	Coinsurance: _____ or _____ <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty	\$ _____	# of Employees: _____	
<input type="checkbox"/> Money & Securities	\$ _____	Inside \$ _____	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Burglary & Robbery	\$ _____	Inside \$ _____	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Outdoor Signs	\$ _____		
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

29. Is the plumbing completely PVC or copper (no iron or lead)?  Yes  No

30. Roof is:  Pitched  Flat

31. Roof type:  Composite shingle  Flat tar and gravel  Rubber  Metal  Tile  Wood shingle  Other \_\_\_\_\_

32. Age of building: \_\_\_\_\_

33. Is the property seasonal?  Yes  No

If "Yes," months closed: \_\_\_\_\_

34. Are there vacancies in the building?  Yes  No

If "Yes," what is the percentage? \_\_\_\_\_ %

35. Is the premises protected by a functioning and operational central station burglar alarm with an active monitoring contract in force?  Yes  No

Regarding the central station burglar alarm, are there:

Motion detectors  Surveillance cameras on all doors and delivery areas  Laser system

36. Fire Protection:  Sprinklers  Central station fire alarm  Local fire alarm  Annually serviced fire extinguisher(s)

a. Are functioning and operational sprinklers covering 100% of the building?  Yes  No

b. Are annually serviced fire extinguishers on the premises?  Yes  No

37. If open 24 hours, is the premises equipped with surveillance cameras, central station hold up alarm?  Yes  No

38. Is all electric on functioning and operational circuit breakers?  Yes  No

39. Does the electrical system have any aluminum or knob and tube wiring?  Yes  No

40. List expiring property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**IV. INLAND MARINE**

41. Is insured's covered property or equipment salesperson's samples?  Yes  No

42. Is insured's property or equipment routinely sent by mail or parcel post?  Yes  No

43. List expiring inland marine carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

44. Inland marine deductible:  \$500  \$1,000  \$2,500  \$5,000  \$10,000

**VI. MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES**

List name, address, and insurable interest of each:

Indicate applicable section:

Name: \_\_\_\_\_

Property  GL  Inland Marine  Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_

Property  GL  Inland Marine  Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_

Property  GL  Inland Marine  Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

**FRAUD STATEMENTS**

**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.

**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.

**District of Columbia Fraud Statement:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

**FLORIDA NOTICE FOR NON ADMITTED POLICIES ONLY:** 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 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.

**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 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine 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 may include imprisonment, fines or a denial of insurance benefits.

**Maryland :** 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. Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**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.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**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.

I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

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.

**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. 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 and Virginia 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.

**Utah 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

**Vermont Fraud Statement:** 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 subject to fines and confinement in prison.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah 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.

**Washington Fraud Statement:** Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

**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 is guilty of a crime and may be subject to fines and confinement in prison.

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

Main agency phone number: \_\_\_\_\_

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

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

I acknowledge that the information provided in this application is material to acceptance of the risk and the issuance of the requested policy by Company. I represent that the information provided in this application is true and correct in all matters. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date of this Application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in the Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**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: \_\_\_\_\_

Principal, Partner or Officer

Title: \_\_\_\_\_

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