



Off-Premises Caterer Product

OFF-PREMISES CATERER PRODUCT WARRANTY APPLICATION

To receive a quote, please complete the General Information and the desired coverage sections: General Liability, Property, Inland Marine, Umbrella or any combination.

I. GENERAL INFORMATION

1. If our renewal, please provide the expiring policy number: _____
 2. Name of applicant: _____
 3. Mailing address: _____
 4. Location address: _____
 5. Inspection contact: _____ Phone number: _____
 6. Web address: _____ Email address: _____
 7. Applicant is: Sole proprietorship Partnership Corporation Other (describe): _____
 8. Have any of the requested coverages been cancelled or non-renewed in the last 5 years Yes No
If yes, explain: _____
 9. Within the past 5 years has the applicant had any losses? Yes No
If yes, please complete below
Type of coverage: _____ Date of loss: _____ Incurred amount (\$): _____
Description: _____
 10. Business of applicant: Off-premises caterer
 Specify operations other than serving food and beverage (describe): _____
 11. How long has the current owner been in business at this location? _____
 12. Total sq. ft. of building: _____ Number of stories: _____ Applicant occupied sq. ft.: _____
 13. Lessors risk only sq. ft.: _____ Apartment sq. ft.: _____ Number of apartments: _____
List tenant occupancy: _____
 14. Has the applicant or majority partner filed for bankruptcy within the past 5 years? Yes No
 15. Does the electrical system have any aluminum or Knob & Tube wiring? Yes No
 16. Is all commercial cooking equipment properly covered by a functioning and operational automatic fire suppression system per the National Fire Protection Association's standard 96? Yes No
 17. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
 18. Is the applicant involved in staging or producing shows, lighting, audio visual equipment, travel or lodging services? Yes No
 19. Does the applicant own a hall or caterer events on an owned premises? Yes No
 20. Does the applicant sell any products from a vehicle? Yes No
 21. Does the applicant operate a "Meals on Wheels" or similar operation? Yes No
 22. Does the applicant sell or serve any products to the airline industry? Yes No
 23. Does the applicant rent any owned property or equipment to others? Yes No
- | | Prior 12 Months (\$) | Next 12 Months (\$) |
|---|----------------------|---------------------|
| 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): _____ | _____ | _____ |
| Other (specify): _____ | _____ | _____ |
| Other (specify): _____ | _____ | _____ |
| Total annual receipts: | _____ | _____ |

II. GENERAL LIABILITY

25. Limits desired:

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Completed Operations Aggregate	\$	Damage to Premises Rented to You	\$
Each Occurrence	\$	Medical Expense (any one person)	\$

26. Maximum number of people the applicant will cater an event for? _____

27. Does the applicant keep or permit any firearms on the premises or at events? Yes No

28. Has the applicant received any health or safety violations? Yes No
If yes, details _____

29. 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

30. Does the applicant serve a hospital, nursing home, school or prison? Yes No

31. Does the applicant have or hire security personnel? Yes No

32. Does the applicant obtain proof of insurance from all independent contractors? Yes No

33. If the applicant is the building owner and there are habitational units, please complete the following:
- a. If the building is over 3 stories in height, is there a fully enclosed, fire-protected stairwell or a functioning fire escape? Yes No
 - b. If the building is over 7 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/boarder house? Yes No
 - g. Are any units occupied by student or subsidized tenants? Yes No

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

Carrier	Policy Term	Limits	Premium

III. PROPERTY COVERAGE

35. 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: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	or 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)			

36. Has any owner or general partner ever been convicted of a felony or arson? Yes No
37. Has any owner or general partner had any prior tax liens? Yes No
38. 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. Describe cooking equipment used:
 Grills Open flame Oven Deep fat fryers Charcoal grill
 Barbeque pit/smoker Type or brand: _____ Distance from building: _____ ft.
- c. Type of extinguishing system: Wet Dry
- d. Is vegetable oil used in cooking? Yes No

39. Is the plumbing completely PVC or Copper (no iron or lead)? Yes No

40. Roof is: Pitched Flat

41. Roof Type: Composite shingle Flat tar & gravel Rubber Metal Tile Wood shingle Other _____

42. Age of building: _____

43. Is the property seasonal? Yes No

If "yes", months closed: _____

44. Are there vacancies in the building? Yes No

If "yes," what is the percentage? _____ %

45. 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

46. 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

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

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

49. Does the electrical system have any aluminum or knob & tube wiring? Yes No

50. List expiring Property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

IV. INLAND MARINE

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

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

53. Does the insured lease, loan or rent covered property or equipment to others? Yes No

54. Is all insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No

a. If so, is the place of storage protected by a central station alarm system? Yes No

55. Are any objects unique or difficult to replace? Yes No

56. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No

57. List expiring Inland Marine carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

58. Inland Marine Deductible: \$500 \$1,000 \$2,500 \$5,000 \$10,000

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

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

60. Schedule of Property & 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.			\$

V. COMMERCIAL UMBRELLA

61. Desired Limits: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

62. Auto liability carrier: _____

63. Auto policy limits: _____

64. Auto policy effective date: _____

65. Auto policy premium (liability only): _____

66. Vehicle schedule (VIN & type): _____

67. Are there any heavy or extra heavy units? Yes No

68. Have there been any losses greater than \$10,000 in the past 5 years? Yes No

If yes, give details: _____

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: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified 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.

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: 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.

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.

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.

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.

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.

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 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.

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.

Applicant's Signature: _____ Date: _____
(Owner or officer)

Broker's Signature: _____ Date: _____

Address: _____

Some states require that we have the name and address of your (Insured's) authorized agent or broker.

Name of authorized Agent or Broker: _____

Address: _____

Mail completed application through local agent or broker to:
