



CARRIER:

United States Liability Insurance Company

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: _____ Province/Territory: _____ Postal code: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ Email address: _____ Phone: _____

Inspection contact name: _____ Email address: _____ Phone: _____

Audit contact name: _____ Email address: _____ Phone: _____

Form of business: Individual(s) Corporation Business Partnership LLC Trust 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. Province/Territory in which majority of jobs are located: _____

General Liability Coverage

5. Occurrence/Aggregate limit: \$1 million/\$2 million \$2 million/\$2 million \$2 million/\$5 million \$3 million/\$3 million
 \$4 million/\$4 million \$5 million/\$5 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 or 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 or 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 or 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, Province, Postal Code	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. What is the latest time an event will end? _____ a.m. p.m. 24 hours
22. 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.
23. 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
24. Liquor license name (if applicable): _____ License number (if applicable): _____
25. Does or will the applicant:
- a. Permit self-service of alcohol? Yes No
- b. Feature an open bar past 12 a.m.? Yes No

26. 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
27. Are a majority of the events that the applicant serves or sells alcohol for predominantly youthful clientele ranging from 18–25 years of age? Yes No
28. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
29. Has liquor liability coverage been canceled or nonrenewed in the past five years? Yes No
30. Will the applicant ever do business in any of the following provinces: New Brunswick, Northwest Territories, Nunavut or Quebec? Yes No

Property

31. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
32. Are there functional and operational fire extinguishers that are readily available? Yes No
33. 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

Building Construction: <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				
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (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? _____ Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.				
Building 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 _____ <u>or</u> Monthly Limit of Indemnity		
<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		
Improvements and Betterments: \$ _____				
Outdoor signs \$ _____			Canopy/Awning \$ _____	

Inland Marine

Optional inland marine coverage Yes No *If "Yes," please answer questions 34–39*

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

35. Requested limit for unscheduled equipment: \$ _____

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

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

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

39. 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

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

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

42. 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)

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)