



CARRIER:

United States Liability Insurance Company

Caterers and Hall 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 Inland marine Liquor liability (Complete supplemental liquor application CP LLA)

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: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Audit contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other: _____

Description of Operations: Catering only Hall rental only Hall rental with catering

1. Have there been any losses in the last three years? Yes No

If "Yes," please provide the following information (additional claims or information may be submitted on separate sheet).

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. What year did the business start? _____

3. How many years at the current location? _____

4. Annual sales:

a. Catering sales: \$ _____

b. Hall operation sales: \$ _____

5. Square footage (halls only): _____ sq. ft.

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 \$ _____		

Liability Coverage

6. 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
7. Add non-owned and hired automobile liability? Yes No *If "Yes," please answer questions 36-38*

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"/>

II. ELIGIBILITY CRITERIA (Complete for all applicants)

General Eligibility

8. 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 last five years? Yes No
9. Has coverage been cancelled or non-renewed in the past three years? Yes No
10. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
11. Does any building built prior to 1978 have aluminum wire or knob-and-tube wiring? Yes No
12. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No
13. Are certificates of insurance obtained from all independent contractors? Yes No

Property Eligibility

14. Are there functional and operational fire extinguishers that are readily available? Yes No
15. 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

Caterer Eligibility

16. Are all regulations followed according to Health Canada? Yes No
17. Are food services provided to schools, hospitals, nursing homes, assisted living facilities, prisons or aircrafts? Yes No
18. Are security or bouncers provided or subcontracted by the applicant? Yes No
19. 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
20. Does the applicant's catering operation offer event planning, staging/lighting production, audio-visual, entertainers or other event services? Yes No
21. Is equipment rented to others without providing catering services? Yes No

Hall Eligibility

22. Are armed security or off-duty police officers employed? Yes No
23. Does the applicant rent out a hall or a barn located on their personal residence? Yes No
24. Are there parties or events for those under the age of 18 without adult supervision? Yes No
25. Is the hall ever used for raves, concerts or fraternity/sorority parties? Yes No
26. Is the hall ever used for events where individual admission charges are collected by the applicant? Yes No
27. Is there a hotel or motel occupancy at the same location as the hall? Yes No
28. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises? Yes No
29. Are there at least two means of egress (exits) for every floor with public access? Yes No

Inland Marine Eligibility

Inland marine optional coverage Yes No *If "Yes," please answer questions 30–35*

30. Limit for scheduled equipment (pieces over \$2,500 in value): \$ _____
31. Limit for unscheduled equipment: \$ _____
32. Deductible: \$500 \$1,000 \$2,500 \$5,000
33. Does the applicant lease, loan or rent equipment to others? Yes No
34. Is any property ever sent by mail or parcel post? Yes No
35. 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

- 36. Is there a Commercial Auto Insurance policy in force? Yes No
- 37. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No
- 38. Are employees or volunteers required to use their personal vehicles to conduct the applicant's business on a regular basis? Yes No

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)