



CARRIER:

United States Liability Insurance Company

# 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

## 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:

1. What year did the business start? \_\_\_\_\_
2. How many years at the current location? \_\_\_\_\_
3. Exposure basis:
  - a. Square footage: \_\_\_\_\_
  - b. On-premises annual food receipts: \$ \_\_\_\_\_
  - c. On-premises annual alcohol receipts: \$ \_\_\_\_\_
  - d. What is the latest hour of operation? \_\_\_\_\_  a.m.  p.m.  24 hours
  - e. What is the latest time an event will end? \_\_\_\_\_  a.m.  p.m.  24 hours

### General Liability Coverage

4. 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
5. Add non-owned and hired automobile liability?  Yes  No *If "Yes," please answer questions 23-25*

## II. LOSSES FOR THE PAST FIVE YEARS AND ADDITIONAL INTERESTS

6. 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"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on a 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**

7. 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
8. Has coverage been canceled or non-renewed in the past three years?  Yes  No
9. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors?  Yes  No
10. Does any building built prior to 1978 have aluminum wire or knob-and-tube wiring?  Yes  No
11. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers?  Yes  No

**General Liability**

12. Are armed security or off-duty police officers employed?  Yes  No
13. Are certificates of insurance obtained for all independent contractors  Yes  No
14. Does the applicant rent out a hall or a barn located on their personal residence?  Yes  No
15. Are there parties or events for those under the age of 18 without adult supervision?  Yes  No
16. Is the hall ever used for raves, concerts or fraternity/sorority parties?  Yes  No
17. Is the hall ever used for events where individual admission charges are collected by the applicant?  Yes  No
18. Is there a hotel or motel occupancy at the same location as the hall?  Yes  No
19. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises?  Yes  No
20. Are there at least two means of egress (exits) for every floor with public access?  Yes  No

**Property Eligibility**

21. Are there functional and operational fire extinguishers that are readily available?  Yes  No
22. 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**

<b>Building Construction:</b> <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.				

<b>Building Limit:</b>	\$ _____	<b>Coinsurance (80% minimum)</b> _____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Personal Property Limit:</b>	\$ _____	<b>Coinsurance (80% minimum)</b> _____ %	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
<b>Business Income Limit:</b>	\$ _____	<b>Coinsurance</b> _____ <u>or</u>	<b>Monthly Limit of Indemnity</b>	
<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"/> 1/3	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
		<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		
<b>Improvements and Betterments:</b>	\$ _____			
<b>Outdoor Signs</b>	\$ _____	<b>Canopy/Awning</b>	\$ _____	

**Hired and Non-Owned**

23. Is there a commercial auto insurance policy in force?  Yes  No
24. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No
25. 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)