



CARRIER:

United States Liability Insurance Company

Catering Plus Liquor Liability Warranty Application – Banquet Halls, Bartending Services, Caterers and Concessionaires

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING

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): _____

Mailing address: _____

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

Location address: _____

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

Web address: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations: Banquet hall Bartending service Concessionaire Off-premises caterer

1. Have there been any liquor or assault or battery losses in the past five years? Yes No

If "Yes," provide the following information on each claim:

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<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

2. Have there been any liquor violations, citations, charges or enforcement actions in the last five years? Yes No

If "Yes," provide the following information on each claim:

Date of Violation	Description of Violation	Measures Taken to Prevent Future Violations

Please provide additional claims or information on separate sheet

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, Province, Postal Code	AI	LP	M
				<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"/>

3. What year did the applicant start business at this location? _____
4. How many years of experience does applicant have owning or managing this type of operation? _____
5. In what province/territory are the majority of jobs located? _____
6. Will the applicant ever do business in any of the following: Alaska, Nunavut, Quebec, Northwest Territories or New Brunswick? Yes No
7. Each common cause limit: \$ _____ General aggregate limit: \$ _____
8. Exposure basis:
 - a. On-premises annual food receipts _____
 - b. On-premises annual alcohol receipts _____
 - c. Off-premises annual alcohol receipts _____
 - d. Total number of annual events involving alcohol _____
 - e. Average attendance at events _____
 - f. Concessionaires only: seating capacity of venue _____
 - g. What is the latest hour of operation? _____ a.m. p.m. 24 hours
 - h. What is the latest time an event will end? _____ a.m. p.m. 24 hours

II. GENERAL ELIGIBILITY CRITERIA SECTION – COMPLETE FOR ALL APPLICANTS

9. 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 with the last five years? Yes No
 10. Is a valid liquor licence maintained, if required by ordinance or law? Yes No
 - a. Name on licence: _____
 - b. Licence number: _____
 11. Does the applicant hire independent contractors to sell or serve alcohol? Yes No
 - a. If "Yes," does the applicant require all independent contractors who sell or serve alcohol to carry their own liquor liability coverage at equal or higher limits and name the applicant as an additional insured on the subcontractor's liquor liability policy? Yes No
 12. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
 13. Are a majority of the events where the applicant serves or sells alcohol predominantly for youthful clientele ranging from 18–25 years of age? Yes No
 14. 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.**
15. Within the past five years, has the applicant's liquor liability coverage been cancelled or non-renewed? Yes No
 If "Yes," explain: _____

III. COMPLETE ALL APPLICABLE SECTIONS

A. Banquet Hall Operations:

Note: If operation is also a bar or restaurant, complete our Liquor Liability Warranty Application (LLA).

16. If operation is a banquet hall, please answer the following questions:
 - a. Is the banquet hall the only entity selling, serving or providing alcohol on the premises? Yes No
 - b. Does the banquet hall sell, serve or provide alcohol and also permit patrons/other entities to sell, serve or provide alcohol? Yes No
 - c. Does the banquet hall provide servers only and also permit patrons/other entities to sell, serve or provide alcohol? Yes No
 - d. Does the banquet hall ever sell, serve or provide alcohol? Yes No
 - e. Does the banquet hall permit patrons to provide entertainment for their events? Yes No
 If "Yes," list how many times per week _____ or per year _____
 - f. Does the applicant ever employ bouncers, security or doorpersons? Yes No
17. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No
 - a. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy? Yes No

18. Does or will the applicant:
- a. Feature an open bar past 12 a.m.? Yes No
 - b. Permit self-service of alcohol? Yes No
19. Does or will the applicant ever offer or permit:
- a. Beer pong or other drinking games? Yes No
 - b. Beer price (lowest price offered including happy hours or specials) for less than \$2? Yes No
 - c. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$3? Yes No

B. Bartending Services and Off-premises Catering Operations:

20. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No
- a. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy? Yes No
21. Does or will the applicant:
- a. Feature an open bar past 12 a.m.? Yes No
 - b. Permit self-service of alcohol? Yes No

C. Concessionaires:

22. What is the name of the venue? _____
23. Does the applicant have operations at more than one location? Yes No
- a. If "Yes," please complete one application per location.
24. Is the venue any of the following: amusement park, concert hall featuring rock, rap or hip hop concerts, professional sports stadium, racetrack or water park? Yes No
25. If the venue has multiple concessionaires, are they all required to carry their own liquor liability coverage at limits equal to or greater than the applicant's liquor liability limits? Yes No
26. Does the venue permit patrons to bring their own alcohol onto the premises? Yes No
27. Is the applicant affiliated with a national franchise operation? Yes No
28. Does or will the applicant ever offer:
- a. Drink specials/happy hours past 9 p.m.? Yes No
 - b. More than two complimentary drinks per patron per day? Yes No
 - c. Beer price (lowest price offered including happy hours or specials) for less than \$2? Yes No
 - d. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$3? 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)