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Caterers and Halls General Liability Application

Applicant's Name _____

Agent Name _____

Mailing Address _____

Address _____

Location _____

PROPOSED EFFECTIVE DATE:

From _____ To _____

12:01 A.M. Standard Time at the address of the Applicant

Applicant Is: Individual Corporation Partnership Joint Venture Other (Specify)

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$ _____	Premises Operations
Products & Completed Operations Aggregate	\$ _____	\$ _____
Personal & Advertising Injury	\$ _____	Products Completed Operations
Each Occurrence	\$ _____	\$ _____
Fire Damage (any one fire)	\$ _____	Other
Medical Expenses (any one person)	\$ _____	\$ _____
Other Coverages, Restrictions, and/or Endorsements	\$ _____	Total
Deductible	\$ _____	\$ _____

A. Description of operations: _____

B. Payroll _____ Food receipts _____
Liquor receipts _____ Miscellaneous receipts _____

C. Five percentage breakdown in following categories:
Parties _____% Weddings _____% Airline industry _____%
Meeting _____% Conventions _____% Sporting events _____%

D. Does applicant have liquor liability: Yes No
If Yes, indicate carrier _____ Limit _____

E. Does applicant own or lease (long term) a hall? Yes No
If Yes, what is square footage _____

F. Is there a parking area? Yes No If yes, is area lit? Yes No

G. Does applicant provide valet parking service? Yes No If yes, where is Garage Liability Coverage insured? _____

H. Does applicant hire security guards? Yes No If yes, does applicant obtain certificate of insurance or is applicant named an additional insured? Yes No

I. Total number of employees: _____

J. Does applicant have Workers' Compensation coverage in force? Yes No

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- K. Does applicant lease employees? Yes No
- L. Does applicant operate a limousine service for guests? Yes No
 If yes, who provides automobile liability coverage? _____

M. Where is food prepared: Commercial Kitchen Other If other, please provide complete details: _____

N. Does applicant package and sell food under their own label? Yes No

O. Are health department regulations followed? Yes No

P. How are dishes and linens cleaned and sanitized? Yes No

Q. Describe food storage procedures: _____

R. Are records kept on food suppliers? _____

S. Equipment:

Are any of the following used?

- | | | |
|---|--|--|
| <input type="checkbox"/> Tents | <input type="checkbox"/> Folding Chairs/tables | <input type="checkbox"/> Amusement devices |
| <input type="checkbox"/> Space Heaters | <input type="checkbox"/> Barricades | <input type="checkbox"/> Torches/live flame |
| <input type="checkbox"/> Portable restrooms | <input type="checkbox"/> Dance Floors | <input type="checkbox"/> Grills: _____
(electric, gas, LPG) |

T. Does applicant separately rent equipment to others? Yes No If yes, what are receipts? _____

U. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant? If yes, explain: (not applicable to Missouri applicants) _____

Previous Insurer: Indicate premium and loss for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

Applicant's Signature: _____ Date: _____

Producer: _____ Date: _____