



# COLONIAL GENERAL INSURANCE AGENCY, INC.

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5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
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## Caterers and Halls General Liability and Scheduled Property Floater Application

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**  Individual     Corporation     Partnership     Joint Venture  
 Limited Liability Company     Other (Specify): \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

### Limits Of Liability & Deductible Requested:

|  |    |
|--|----|
| General Aggregate (other than Products/Completed Operations)   | \$ |
| Products & Completed Operations Aggregate                      | \$ |
| Personal & Advertising Injury (any one person or organization) | \$ |
| Each Occurrence  | \$ |
| Damage To Premises Rented To You (any one premise)             | \$ |
| Medical Expense (any one person)                               | \$ |
| Other Coverages, Restrictions, and/or Endorsements:<br>_____   | \$ |
| Deductible   | \$ |

### Inland Marine Limits & Deductible Requested:

|                                     |   |
|-------------------------------------|---|
| Scheduled Property Floater Coverage | <input type="checkbox"/> \$ 2,500 (included)/\$250 deductible |
|                                     | <input type="checkbox"/> \$ 5,000/\$250 deductible            |
|                                     | <input type="checkbox"/> \$ 7,500/\$250 deductible            |
|                                     | <input type="checkbox"/> \$10,000/\$250 deductible            |

1. **Description of operations:** \_\_\_\_\_  
 Number of years in business: \_\_\_\_\_  
 Is the applicant a booking agent or an event/party planner? .....  Yes  No
2. **Payroll** \_\_\_\_\_ **Food receipts** \_\_\_\_\_  
**Liquor receipts** \_\_\_\_\_ **Miscellaneous receipts** \_\_\_\_\_
3. **Give percentage breakdown in following categories:**  
 Parties \_\_\_\_\_% Weddings \_\_\_\_\_% Airline industry \_\_\_\_\_% Gas/Oil Rigs \_\_\_\_\_%  
 Meetings \_\_\_\_\_% Conventions \_\_\_\_\_% Sporting events \_\_\_\_\_% Ships \_\_\_\_\_%
4. **Does applicant have liquor liability?** .....  Yes  No  
 If yes, indicate carrier: \_\_\_\_\_ Limits: \_\_\_\_\_
5. **Does applicant own or lease (long term) a hall?** .....  Yes  No  
 If yes, what is square footage? \_\_\_\_\_
6. **Is there a parking area?** .....  Yes  No  
 If yes, is area lit? .....  Yes  No
7. **Does applicant provide valet parking service?** .....  Yes  No  
 If yes, where is Garage Liability Coverage insured? \_\_\_\_\_
8. **Does applicant hire security guards?** .....  Yes  No  
 If yes, does applicant obtain certificate of insurance or is applicant named as an additional insured? \_\_\_\_\_
9. **Total number of employees:** \_\_\_\_\_
10. **Does applicant have Workers' Compensation coverage in force?** .....  Yes  No
11. **Does applicant operate a limousine service for guests?** .....  Yes  No  
 If yes, who provides automobile liability coverage? \_\_\_\_\_
12. **Number of sandwich/catering or ice cream trucks:** \_\_\_\_\_  
 Advise carrier: \_\_\_\_\_ Limits: \_\_\_\_\_
13. **Where is food prepared?**  Commercial kitchen  Other If other, please provide complete details:  
 \_\_\_\_\_  
 \_\_\_\_\_
14. **Does applicant package and sell food under their own label?** .....  Yes  No
15. **Are health department regulations followed?** .....  Yes  No
16. **How are dishes and linens cleaned and sanitized?** \_\_\_\_\_  
 \_\_\_\_\_
17. **Describe food storage procedures:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. **Are records kept on food suppliers?** .....  Yes  No

**19. Equipment:**

Are any of the following used?

- Amusement devices (describe: \_\_\_\_\_)
- Barricades  Portable restrooms
- Dance floors  Space heaters
- Folding chairs/tables  Tents
- Grills (electric, gas, LPG) (describe: \_\_\_\_\_)  Tiki torches/live flames

**20. Does applicant separately rent equipment to others? .....**  Yes  No

If yes, what are receipts? \_\_\_\_\_

**21. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant (Not applicable to Missouri applicants)?.....**  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**22. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....**  Yes  No

If yes, describe: \_\_\_\_\_

**23. Does applicant have other business ventures for which coverage is not requested?.....**  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_

**24. Schedule Of Hazards:**

| Loc. No. | Classification Description | Class. Code | Exposure | Premium Bases<br>(s) Gross Sales<br>(p) Payroll<br>(a) Area<br>(c) Total Cost<br>(t) Other |
|----------|----------------------------|-------------|----------|--|
|          |                            |             |          |  |
|          |                            |             |          |  |
|          |                            |             |          |  |
|          |                            |             |          |  |
|          |                            |             |          |  |

**25. Prior Carrier Information:**

|                                  | Year: | Year: | Year: | Year: | Year: |
|----------------------------------|-------|-------|-------|-------|-------|
| <b>Carrier</b>                   |       |       |       |       |       |
| <b>Policy No.</b>                |       |       |       |       |       |
| <b>Coverage</b>                  |       |       |       |       |       |
| <b>Occurrence or Claims Made</b> |       |       |       |       |       |
| <b>Total Premium</b>             |       |       |       |       |       |

**26. Loss History—Five Year Period:**

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years. |                     |             |                 |                               |
|---|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss  | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**FRAUD WARNING (Applicable in Tennessee, Virginia and Washington):** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence      Email      Fax      Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence      Email      Fax      Mail