



# COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770  
8475 E. Hartford Dr., Scottsdale, AZ 85255  
(480) 991-7889 WATS (800) 848-8860  
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770  
5373 S. Green St., Suite 525, Murray, UT 84123  
(801) 290-1144 WATS (800) 594-8900  
Fax (801) 290-1160 Toll Free (800) 332-9285

Agent's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail  
Applicant's E-mail Address \_\_\_\_\_ Preferred Method of Correspondence? E-Mail Fax Regular Mail

## Caterers and Halls General Liability 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  Other (Specify): \_\_\_\_\_

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

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 Expense (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements		Total
Deductible	\$	\$

**A. Description of operations:** \_\_\_\_\_  
Number of years in business: \_\_\_\_\_  
Is the applicant a booking agent or an event/party planner? .....  Yes  No

**B. Payroll** \_\_\_\_\_ **Food receipts** \_\_\_\_\_  
**Liquor receipts** \_\_\_\_\_ **Miscellaneous receipts** \_\_\_\_\_

**C. Give percentage breakdown in following categories:**

Parties \_\_\_\_\_%      Weddings \_\_\_\_\_%      Airline industry \_\_\_\_\_%      Gas/Oil Rigs \_\_\_\_\_%  
Meetings \_\_\_\_\_%      Conventions \_\_\_\_\_%      Sporting events \_\_\_\_\_%      Ships \_\_\_\_\_%

**D. Does applicant have liquor liability?**     Yes     No

If yes, indicate carrier: \_\_\_\_\_ Limits: \_\_\_\_\_

**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 as an additional insured? \_\_\_\_\_

**I. Total number of employees:** \_\_\_\_\_

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

**K. Does applicant operate a limousine service for guests?** .....  Yes     No

If yes, who provides automobile liability coverage? \_\_\_\_\_

**L. Number of sandwich/catering or ice cream trucks:** \_\_\_\_\_

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?** \_\_\_\_\_

\_\_\_\_\_

**Q. Describe food storage procedures:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**R. Are records kept on food suppliers?** .....  Yes     No

**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"/> Tiki torches/live flames          |
| <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? (Not applicable to Missouri applicants).....  Yes  No

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

Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.  See loss run attached

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

**SCHEDULE OF HAZARDS**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

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

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

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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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.