

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

**CATERERS AND HALLS GENERAL LIABILITY AND MISCELLANEOUS
 ARTICLES APPLICATION**

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Company
 Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Inspection Contact: _____ **Phone No.:** _____

E-mail Address: _____

Limits Of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products and Completed Operations Aggregate	\$
Personal and 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:	\$
Deductible	\$

Miscellaneous Articles:

Miscellaneous Articles Coverage and Deductible	<input type="checkbox"/> \$ 2,500/\$250 deductible (included) <input type="checkbox"/> \$ 5,000/\$250 deductible <input type="checkbox"/> \$ 7,500/\$250 deductible <input type="checkbox"/> \$10,000/\$250 deductible <input type="checkbox"/> \$15,000/\$250 deductible <input type="checkbox"/> \$25,000/\$250 deductible
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1. **Description of operations:** _____

2. **Number of years in business:**

3. **Is applicant a booking agent or an event/party planner?** Yes No

4. **Payroll:** _____ **Food receipts:** _____

Number of Employees: _____ **Liquor receipts:** _____

Miscellaneous receipts: _____

5. **Give percentage of operations for the following:**

Airline industry: _____% Conventions: _____% Meetings: _____%
 Off-shore Gas/Oil Rigs: _____% Parties: _____% Ships: _____%
 Sporting events: _____% Weddings: _____% Other—Describe: _____%

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

If yes, indicate carrier: _____ Limits: _____

7. **Does applicant own or lease (long-term) a hall?** Yes No

If yes:
 What is the square footage?.....
 How many acres of land?

8. **Does applicant have outdoor venue(s) without hall exposure?** Yes No

If yes, how many acres of land?

9. **Does applicant have a parking area?** Yes No

If yes, is parking area well lit?..... Yes No

10. **Does applicant's employees provide valet parking service?** Yes No

If yes, is there any off premises valet parking by the applicant's employees not in conjunction with halls exposure? Yes No

If yes, explain: _____

11. **Does applicant subcontract valet parking services on hall premises or off premises in conjunction with catering operations?** Yes No

If yes:
 Do subcontractors provide certificate of insurance with liability limits equal or greater than our applicant? Yes No
 Do written contracts contain hold harmless agreements in favor of the applicant? Yes No
 Does applicant require all subcontractors to include the applicant as an additional insured on the General Liability and Garage policies?..... Yes No



12. **Does applicant operate a limousine service for guests?** Yes No
If yes, where is Automobile Liability Coverage insured? _____
13. **Does applicant employ security guards?** Yes No
If yes:
Number of armed security guards: Number of unarmed security guards:
Are licensing and employee background checks required? Yes No
If armed:
Are they certified for use of firearms by the appropriate state agency or firearms certification school?..... Yes No
14. **Does applicant hire security guards?** Yes No
If yes:
Are certificates of insurance required from subcontractor? Yes No
Is applicant included as an additional insured on subcontractor's policy? Yes No
15. **Does applicant have Workers' Compensation coverage in force?** Yes No
16. **Where is food prepared?** Commercial kitchen Other
If other, please provide complete details: _____

17. **Does applicant package and sell food under their own label?**..... Yes No
18. **Are health department regulations followed?** Yes No
19. **How are dishes and linens cleaned and sanitized?** _____

20. **Describe food storage procedures:** _____

21. **Are records kept on food suppliers?**..... Yes No
22. **Equipment:**
Indicate which of the following are used:
 Amusement devices (describe: _____)
 Barricades Portable restrooms
 Dance floors Space heaters
 Folding chairs/tables Tents
 Grills (electric, gas, LPG) (describe: _____) Tiki torches/live flames
23. **Does applicant have a regularly serviced wet chemical fire suppressant system that covers all grease cooking appliances, has a hood, grease removal devise and duct system?** Yes No
24. **Does applicant separately rent equipment to others?** Yes No
If yes, what are receipts?..... _____
25. **Does applicant subcontract any operations?** Yes No
If yes:
a. Description of operations subcontracted: _____

b. Annual cost of subcontracted work: _____

- c. Are all subcontractors required to carry General Liability and Workers Compensation Insurance? Yes No
If yes, minimum General Liability limits required:.....
- d. Are certificates of insurance required from all subcontractors? Yes No
- e. Is applicant included as an additional insured on all subcontractors' policies? Yes No
- f. Do written contracts contain hold-harmless agreements in favor of the applicant? Yes No
If no, explain when not required: _____

26. Additional Insured Information:

Name	Address	Interest

27. Schedule Of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other

- 28. During the past three years, has any company canceled, declined or refused similar insurance to the applicant? (Not applicable to Missouri applicants).....** Yes No
If yes, explain: _____

- 29. 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: _____

- 30. Does applicant have other business ventures for which coverage is not requested?.....** Yes No
If yes, explain and advise where insured: _____

31. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Coverage					
Occurrence or Claims Made					
Total Premium					

32. 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 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)

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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 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 STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

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.

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.