



# Catering Plus Liquor Liability Warranty Application

## Banquet Halls, Bartending Services, Caterers, 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 or violations in the past five years. If there is a loss or violation history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web address: \_\_\_\_\_

In what state are the majority of jobs located? \_\_\_\_\_

Will the applicant ever do business in any of the following states: Alabama, Alaska, Illinois, Iowa, Louisiana, Mississippi, Oregon, Rhode Island or West Virginia?  Yes  No

Description of Operations:  Banquet Hall  Bartending Service  Concessionaire  Off-Premises Caterer

What year did the applicant start business at this location? \_\_\_\_\_

How many years experience does applicant have owning or managing this type of operation? \_\_\_\_\_

Each Common Cause limit: \$ \_\_\_\_\_ General Aggregate limit: \$ \_\_\_\_\_

Exposure basis:

On-premises annual food receipts \$ \_\_\_\_\_

On-premises annual alcohol receipts \$ \_\_\_\_\_

Off-premises annual alcohol receipts \$ \_\_\_\_\_

Total number of annual events involving alcohol \_\_\_\_\_

Average attendance at events \_\_\_\_\_

Concessionaires only: seating capacity of venue \_\_\_\_\_

What is the latest hour of operation? \_\_\_\_\_  AM  PM  24 hours

What is the latest time an event will end? \_\_\_\_\_  AM  PM  24 hours

Do the events feature any banquet entertainment? (applicable to banquet halls only)  Yes  No

If yes: Number of times per week \_\_\_\_\_ or per year \_\_\_\_\_

Does the applicant ever employ bouncers, security or doorpersons?  Yes  No

Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state?  Yes  No

Additional Insureds:

Name	Relationship/Interest	Address	City, State, Zip

### II. GENERAL ELIGIBILITY CRITERIA SECTION – COMPLETE FOR ALL APPLICANTS

- Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months?  Yes  No
- Does the applicant have and will applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol?  Yes  No  Not Required
  - Liquor license name (if applicable): \_\_\_\_\_ License number (if applicable): \_\_\_\_\_  Yes  No
- Does the applicant hire independent contractors to sell or serve alcohol?  Yes  No
  - If yes, does applicant require all independent contractors that sell or serve alcohol to carry their own liquor liability coverage at equal or higher limits, and name applicant as an additional insured on the subcontractor's liquor liability policy?  Yes  No

4. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
5. Has the applicant had any reported liquor liability and/or assault or battery claims or notification of potential liquor liability and/or assault or battery claims within the past five years?  Yes  No
- If yes, provide the following information on each claim:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Total incurred losses (reserves and payments): \_\_\_\_\_
- Status: \_\_\_\_\_
- Measures in place to prevent future incidents: \_\_\_\_\_

6. Does the applicant have knowledge of any fines or citations for violation of law or ordinance related to illegal activities or the sale of alcohol within the past five years?  Yes  No
- If yes, provide the following information on each fine or citation:
- Date(s): \_\_\_\_\_
- Description(s): \_\_\_\_\_
- Measures in place to prevent future violations: \_\_\_\_\_

7. Does the applicant serve or sell alcohol at events that attract a predominantly youthful clientele ranging from 21-25 years of age?  Yes  No
8. 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.**
9. 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).**

10. Is BYOB (bring your own bottle) permitted?  Yes  No
11. 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
12. Does or will the applicant:
- a. Feature an open bar past 12:00 am?  Yes  No
- b. Permit self-service of alcohol?  Yes  No
13. Does or will the applicant ever offer:
- a. Bottle service or set-ups?  Yes  No
- b. Drink specials/happy hours past 9:00 pm?  Yes  No
- c. Beer pong or other drinking games?  Yes  No
- d. More than two complimentary drinks per patron per day?  Yes  No
- e. "All you can drink" specials or other offers involving unlimited alcoholic beverages?  Yes  No
- f. Beer price (lowest price offered including happy hours or specials) for less than \$1.00?  Yes  No
- g. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$1.50?  Yes  No

#### B. BARTENDING SERVICES AND OFF-PREMISES CATERING OPERATIONS:

14. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present?  Yes  No
- b. 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
15. Does or will the applicant:
- a. Feature an open bar past 12:00 am?  Yes  No
- b. Permit self-service of alcohol?  Yes  No

**C. CONCESSIONAIRES:**

- 16. What is the name of the venue? \_\_\_\_\_
- 17. Does applicant have operations at more than one location?  Yes  No
  - a. If yes, please complete one application per location.
- 18. 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
- 19. What is the seating capacity of the venue? \_\_\_\_\_
- 20. 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
- 21. Does the venue permit patrons to bring their own alcohol onto the premises?  Yes  No
- 22. If the venue is a theater (excluding dinner theaters), are patrons permitted to bring alcoholic beverages back to their seats?  Yes  No
- 23. Is the applicant affiliated with a national franchise operation?  Yes  No
- 24. Does or will the applicant ever offer:
  - a. Drink specials/happy hours past 9:00 pm?  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 \$1.00?  Yes  No
  - d. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$1.50?  Yes  No

**IV. ADDITIONAL APPLICANT INFORMATION**

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_  
(if different from the location address )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

Phone number \_\_\_\_\_ :

Inspection contact name: \_\_\_\_\_ Telephone/email address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/email address: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_  
(Owner, Officer or Partner)

Title: \_\_\_\_\_  
(Required)

Date: \_\_\_\_\_  
(Required)

**Applicant's Warranty Statement:** I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

**FRAUD STATEMENTS**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Colorado Fraud Statement:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**District of Columbia Fraud Statement: WARNING:** 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.

**Florida Fraud Statement:** 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.

**Florida Notice: (Applies only if policy is non-admitted)** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Kansas Fraud Statement:** 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 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 may be guilty of a crime and may be subject to fines and confinement in prison.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** 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.

**Maryland:** 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.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged Wrongful Acts or Wrongful Employment Acts that took place prior to retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect for incidents reported during the Policy Period or any subsequent renewal of this Policy or any extended reporting period and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

**North Dakota Fraud Statement:** Notice to North Dakota applicants – Any person who knowingly and with the intent to defraud and 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.

**Ohio Fraud Statement:** 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.

**Ohio Notice:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. I understand that any material misrepresentation or omission made by me on this application may act to render any contract of insurance null and without effect or provide the company the right to rescind it.

**Oklahoma Fraud Statement: WARNING:** 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.

**Oregon Fraud Statement:** Notice to Oregon 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 may be guilty of insurance fraud.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Utah Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

**Vermont Fraud Statement:** 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 may be subject to fines and confinement in prison.

**Virginia Notice:** This Policy is written on a claims-made basis. Please read the policy carefully to understand your coverage. You have an option to purchase a separate limit of liability for the extended reporting period. If you do not elect this option, the limit of liability for the extended reporting period shall be part of the and not in addition to limit specified in the declarations. If you have any questions regarding the cost of an extended reporting period, please contact your insurance company or your insurance agent. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Virginia Fraud Statement:** Any person who knowingly and with intent to defraud an insurer, submits an Application for insurance or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Utah Fraud Statement:** 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.

**Washington Fraud Statement:** Any person, who, knowing it to be such:

(1) Presents, or causes to be presented, a false or fraudulent claim or any proof in support of such a claim, for the payment of a Loss under a contract of insurance; or

(2) Prepares, makes, or subscribes any false or fraudulent account, certificate, affidavit, or proof of Loss, or other document or writing, with intent that it be presented or used in support of such a claim, is guilty of a gross misdemeanor, or if such claim is in excess of one thousand five hundred dollars, of a class C felony.

**Fraud Statement (All Other States):** 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.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License#: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number \_\_\_\_\_  
(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The undersigned represents that to the best of his/her knowledge and belief the particulars and statements set forth herein are true and agrees that those particulars and statements are material to acceptance of the risk assumed by the Company. The undersigned further declares that any changes to the information contained in this application prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Company is hereby authorized, but not required to make any investigation and inquiry in connection with the information, statements and disclosures provided in this application. The decision of the Company not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Company and shall not stop the Company from relying on any statement in this application. The signing of this application does not bind the undersigned to purchase the insurance, nor does the review of this application bind the Company to issue a policy. It is understood the Company is relying on this application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued and it will be attached and become a part of the policy.

**New York Fraud Statement:** 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.

Signature: \_\_\_\_\_  
(Chairperson of the Board, Managing Member, President or Executive Director)

Title: \_\_\_\_\_ Date: \_\_\_\_\_