



CARRIER:

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# Catering Plus Liquor Liability Warranty Application – Banquet Halls, Bartending Services, Caterers and 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 in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Web address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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1. Have there been any liquor or assault and battery losses in the last five years?  Yes  No

If "Yes," provide the following information on each claim:

| Coverage Type?   | Date of Loss | Description of loss | Paid | Reserved | Status   |
|--|--------------|---------------------|------|----------|--|
| <input type="checkbox"/> Liquor<br><input type="checkbox"/> Assault or battery |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Liquor<br><input type="checkbox"/> Assault or battery |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <input type="checkbox"/> Liquor<br><input type="checkbox"/> Assault or battery |              |                     | \$   | \$       | <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |

Please provide additional claims or information on separate sheet

2. Have there been any liquor violations, citations, charges or enforcement actions in the last five years?  Yes  No

If "Yes," provide the following information on each claim:

| Date of Violation | Description of Violation | Measures Taken to Prevent Future Violations |
|-------------------|--------------------------|---|
|                   |                          |   |
|                   |                          |   |
|                   |                          |   |

Please provide additional claims or information on separate sheet

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

| Name | Relationship/Interest | Address | City, State, Zip | AI                       | LP                       | M                        |
|------|-----------------------|---------|------------------|--------------------------|--------------------------|--------------------------|
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                       |         |                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. What year did the applicant start business at this location? \_\_\_\_\_
4. How many years experience does applicant have owning or managing this type of operation? \_\_\_\_\_
5. In what state are the majority of jobs located? \_\_\_\_\_
6. Will the applicant ever do business in any of the following states: Alabama, Alaska, Illinois, Louisiana, Minnesota, Mississippi, Rhode Island or West Virginia?  Yes  No
7. Each Common Cause limit: \$ \_\_\_\_\_ General Aggregate limit: \$ \_\_\_\_\_
8. Exposure basis:
  - a. On-premises annual food receipts \_\_\_\_\_
  - b. On-premises annual alcohol receipts \_\_\_\_\_
  - c. Off-premises annual alcohol receipts \_\_\_\_\_
  - d. Total number of annual events involving alcohol \_\_\_\_\_
  - e. Average attendance at events \_\_\_\_\_
  - f. Concessionaires only: seating capacity of venue \_\_\_\_\_
  - g. What is the latest hour of operation? \_\_\_\_\_  a.m.  p.m.  24 hours
  - h. What is the latest time an event will end? \_\_\_\_\_  a.m.  p.m.  24 hours
  - i. Are all alcohol-serving employees certified in a Formal Alcohol Training Course not mandated by the state?  Yes  No

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

9. Are there any past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually with the last five years?  Yes  No
  10. 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
    - a. Liquor license name (if applicable): \_\_\_\_\_ License number (if applicable): \_\_\_\_\_
  11. Does the applicant hire independent contractors to sell or serve alcohol?  Yes  No
    - a. 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
  12. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service?  Yes  No
  13. Are a majority of the events that the applicant serves or sells alcohol for predominantly youthful clientele ranging from 21-25 years of age?  Yes  No
  14. 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.**
15. 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).**

16. If operation is a banquet hall, please answer the following questions:
  - a. Is the banquet hall the only entity selling, serving or providing alcohol on the premises?  Yes  No
  - b. Does the banquet hall sell, serve or provide alcohol and also permit patrons/other entities to sell, serve or provide alcohol?  Yes  No
  - c. Does the banquet hall provide servers only and also permit patrons/other entities to sell, serve or provide alcohol?  Yes  No
  - d. Does the banquet hall ever sell, serve or provide alcohol?  Yes  No
  - e. Does the banquet hall permit patrons to provide entertainment for their events?  Yes  No  
 If “Yes,” how many times per week \_\_\_\_\_ or per year \_\_\_\_\_
  - f. Does the applicant ever employ bouncers, security or doorpersons?  Yes  No
17. 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

18. Does or will the applicant:
- a. Feature an open bar past 12:00 am?  Yes  No
  - b. Permit self-service of alcohol?  Yes  No
19. Does or will the applicant ever offer or permit:
- a. Beer pong or other drinking games?  Yes  No
  - b. Beer price (lowest price offered including happy hours or specials) for less than \$2.00?  Yes  No
  - c. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$3.00?  Yes  No

**B. Bartending Services And Off-Premises Catering Operations:**

20. 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
21. 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:**

22. What is the name of the venue? \_\_\_\_\_
23. Does applicant have operations at more than one location?  Yes  No
- a. If "Yes," please complete one application per location.
24. 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
25. 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
26. Does the venue permit patrons to bring their own alcohol onto the premises?  Yes  No
27. Is the applicant affiliated with a national franchise operation?  Yes  No
28. Does or will the applicant ever offer:
- a. Drink specials/happy hours past 9:00 pm?  Yes  No
  - b. Drink specials/happy hours past 11:00 pm?  Yes  No
  - c. More than two complimentary drinks per patron per day?  Yes  No
  - d. Beer price (lowest price offered including happy hours or specials) for less than \$2.00?  Yes  No
  - e. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$3.00?  Yes  No

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** 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.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**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.

**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, 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; 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.

**Maine 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 Fraud Statement:** 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.

**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.

**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.

**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.

**Kentucky and 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, Virginia 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 include imprisonment, fines and denial of insurance benefits.

**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 may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**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.

**Florida Surplus Lines 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 and Illinois Punitive Damage 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.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**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.

**Ohio Representation Statement:** 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. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages 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

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 signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**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.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_  
President, Chairperson of the Board, Managing Member, or Executive Director

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



## Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.