



Caterers and Hall Product

This product is specifically designed to accommodate the coverage and pricing needs for a wide variety of catering and hall operations.

Eligible Risks Can Include:

- ▶ Off-premises catering
- ▶ Caterers with their own hall
- ▶ Personal chefs
- ▶ Bartending services
- ▶ Caterers using commissaries
- ▶ Hall rental only

Product Features:

- ▶ On one policy we can offer:
 - General liability coverage
 - Property coverage
 - Equipment breakdown coverage
 - Inland marine coverage - both scheduled and unscheduled
- ▶ New ventures are eligible
- ▶ Blanket additional insured
- ▶ No liability deductible
- ▶ Waiver of Subrogation and Primary Non-Contributory

Limits of Insurance:

- ▶ General liability available up to \$1,000,000/\$3,000,000
- ▶ Commercial excess/umbrella up to \$5,000,000
- ▶ Liquor liability available up to \$1,000,000/\$2,000,000
- ▶ Hired and non-owned auto liability up to \$1,000,000
- ▶ Building/Business personal property to \$1,500,000 (protection classes 1-8) available
- ▶ Inland marine coverage up to \$500,000

- ▶ Equipment breakdown – Includes free boiler inspection if required in your jurisdiction and \$250,000 in food spoilage

Additional Advantages:

- ▶ Financial stability of a carrier rated A++ by A.M. Best
- ▶ Unsurpassed service with a sense of urgency and care
- ▶ Contact within 24 hours of claim report by adjuster
- ▶ Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business





Caterers and Hall Product – Package

As a caterer or hall, do you have the right coverage?

- ▶ General liability that includes coverage for mental anguish or emotional distress
- ▶ No liability deductible
- ▶ Equipment breakdown coverage that includes food spoilage coverage
- ▶ Inland marine coverage for equipment taken off-premises

Why should you purchase the USLI Caterer product?

The following are important coverages to have in your policy. Check to make sure you have all of the following:

COVERAGE FEATURES	USLI	COMPETITORS
General liability that expands the definition of “Bodily Injury” to include mental anguish or emotional distress with no deductible		
No liability deductible		
Equipment breakdown coverage that includes food spoilage coverage		
Loss of income coverage including loss of rents		
Inland marine coverage for equipment taken off-premises		
Replacement cost coverage is available		
Special cause of loss is available		
Value Plus endorsement is available on accounts eligible for Special Form offering 14 valuable coverage enhancements including: money and securities, employee dishonesty, signs, water back-up, transit and more		
A.M. Best rated A ⁺⁺ carrier		
A proud member of the Berkshire Hathaway Group		
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses		

Why choose to be insured with USLI?

- ▶ Financial stability of an A⁺⁺ carrier
- ▶ Unsurpassed service with a sense of urgency and care
- ▶ Contact within 24 hours of claim report by adjuster
- ▶ Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.



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Claim Examples

- ▶ **Property:** A fire started in the kitchen of the insured building causing \$25,000 of water/smoke damage to the building and \$10,000 of business personal property damage. In order to repair the damage, the business had to be closed for 3 weeks. This loss resulted in the loss of business income for the insured.
- ▶ **Inland Marine:** An insured owned a mobile grill that she took to local fairs and festivals. One day, the insured attended a fair that lasted until midnight. Instead of driving home, the insured locked the grill up and stayed at a hotel for the night. The next morning the insured noticed someone had stolen the grill and notified the police. The value of the grill was \$4,000.
- ▶ **General Liability:** The insured was catering an event and accidentally spilled a bucket of ice on the floor. Before the ice could be cleaned up, one of the attendees at the party slipped and fell, breaking his hip. He sustained \$10,000 in medical expenses.
- ▶ **Third Party Property Damage:** The insured was catering an event when a candle that was part of one of the centerpieces caught fire, igniting a tablecloth. Before the fire could be extinguished, there was fire damage to the floor and smoke damage to the building. This caused a third party property damage loss of \$12,000.
- ▶ **Value Plus:** The insured provided food at a local fair. One of the insured's employees responsible for collecting and depositing the money in the bank left the fair with \$3,000. The following day the insured could not reach the employee. The insured then contacted the police. The theft resulted in an employee dishonesty loss of \$3,000.
- ▶ **Equipment Breakdown:** Electrical arcing caused the insured's electric deep fat fryers to overheat, destroying the wiring inside the deep fat fryer. An equipment breakdown claim was made.



CARRIER:

Empty rectangular box for carrier information.

Caterers and Hall Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I – INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING

Coverage(s) Desired: Property General liability Inland marine Liquor liability (Complete supplemental liquor application CP LLA)

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: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Audit contact name: _____ E-mail address: _____ Phone: _____

Form of business: Individual Corporation Partnership LLC Trust Other: _____

Description of Operations: Catering only Hall rental only Hall rental with catering

Large empty rectangular box for description of operations.

1. Have there been any losses in the last three years? Yes No

If "Yes," please provide the following information (additional claims or information may be submitted on separate sheet).

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Inland marine			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. What year did the business start? _____

3. How many years at the current location? _____

4. Annual sales:

a. Catering sales: \$ _____

b. Hall operation sales: \$ _____

5. Square footage (halls only): _____ sq. ft.

If "Yes," please complete the following:

- a. What type of extinguishing system is functional and operational? N/A Dry Wet
 - i. If "Dry," is there a deep fat fryer on premises? Yes No
- b. Do all gas grills, deep fat frying equipment and woks have a functional and operational automatic fire extinguishing system that is compliant with National Fire Protection Association Standard 96? Yes No
- c. Does the automatic fire extinguishing system have an in-force cleaning contract? Yes No

Caterer Eligibility

- 16. Are all Department of Health regulations followed? Yes No
- 17. Are food services provided to schools, hospitals, nursing homes, assisted living facilities, prisons or aircrafts? Yes No
- 18. Are security or bouncers provided or subcontracted by the applicant? Yes No
- 19. Does the applicant have a process in place for all food shipped or delivered by mail to ensure a temperature is maintained to prevent spoilage? Yes No
- 20. Does the applicant's catering operation offer event planning, staging/lighting production, audio-visual, entertainers or other event services? Yes No
- 21. Is equipment rented to others without providing catering services? Yes No

Hall Eligibility

- 22. Are armed security or off-duty police officers employed? Yes No
- 23. Does the applicant rent out a hall or a barn located on their personal residence? Yes No
- 24. Are there parties or events for those under the age of 18 without adult supervision? Yes No
- 25. Is the hall ever used for raves, concerts or fraternity/sorority parties? Yes No
- 26. Is the hall ever used for events where individual admission charges are collected by the applicant? Yes No
- 27. Is there a hotel or motel occupancy at the same location as the hall? Yes No
- 28. Are there any pyrotechnics, foam machines, mosh pits, trampolines or swimming pools on the premises? Yes No
- 29. Are there at least two means of egress (exits) for every floor with public access? Yes No

Inland Marine Eligibility

Inland marine optional coverage Yes No *If "Yes," please answer questions 30-35*

- 30. Limit for scheduled equipment (pieces over \$2,500 in value): \$ _____
- 31. Limit for unscheduled equipment: \$ _____
- 32. Deductible: \$500 \$1,000 \$2,500 \$5,000
- 33. Does the applicant lease, loan or rent equipment to others? Yes No
- 34. Is any property ever sent by mail or parcel post? Yes No
- 35. Schedule of property and equipment for which coverage is requested:

Item	Description (Year, Manufacturer and Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Hired and Non-Owned

- 36. Is there a Commercial Auto Insurance policy in force? Yes No
- 37. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No
- 38. Are employees or volunteers required to use their personal vehicles to conduct the applicant's business on a regular basis? Yes No

VII. ADDITIONAL APPLICANT INFORMATION

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

Title: _____ (Required) Date: _____ (Required)

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.

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 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.

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.

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.

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 facilitation 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, Pennsylvania AND Ohio 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 is 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 in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer 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 Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

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

Date: _____