



SCOTTSDALE INSURANCE COMPANY®

Home Office:

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Administrative Office:

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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):

Table with columns: LIMITS OF LIABILITY REQUESTED, PREMIUMS. Rows include General Aggregate, Products & Completed Operations Aggregate, Personal & Advertising Injury, Fire Damage, Medical Expense, and Other Coverages.

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?
 Tents Folding chairs/tables Amusement devices
 Space heaters Barricades Tiki torches/live flames
 Portable restrooms Dance floors 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 cancelled, 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	POL. NO.	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.

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.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

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.

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