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Caterers and Halls General Liability and Scheduled Property Floater 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
 Limited Liability Company Other (Specify): _____

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

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & 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	\$

Inland Marine Limits & Deductible Requested:

Scheduled Property Floater Coverage	<input type="checkbox"/> \$ 2,500 (included)/\$250 deductible
	<input type="checkbox"/> \$ 5,000/\$250 deductible
	<input type="checkbox"/> \$ 7,500/\$250 deductible
	<input type="checkbox"/> \$10,000/\$250 deductible

- 1. Description of operations:** _____
 Number of years in business: _____
 Is the applicant a booking agent or an event/party planner? Yes No
- 2. Payroll** _____ **Food receipts** _____
Liquor receipts _____ **Miscellaneous receipts** _____
- 3. Give percentage breakdown in following categories:**
 Parties _____% Weddings _____% Airline industry _____% Gas/Oil Rigs _____%
 Meetings _____% Conventions _____% Sporting events _____% Ships _____%
- 4. Does applicant have liquor liability?** Yes No
 If yes, indicate carrier: _____ Limits: _____
- 5. Does applicant own or lease (long term) a hall?** Yes No
 If yes, what is square footage? _____
- 6. Is there a parking area?** Yes No
 If yes, is area lit? Yes No
- 7. Does applicant provide valet parking service?** Yes No
 If yes, where is Garage Liability Coverage insured? _____
- 8. Does applicant hire security guards?** Yes No
 If yes, does applicant obtain certificate of insurance or is applicant named as an additional insured? _____
- 9. Total number of employees:** _____
- 10. Does applicant have Workers' Compensation coverage in force?** Yes No
- 11. Does applicant operate a limousine service for guests?** Yes No
 If yes, who provides automobile liability coverage? _____
- 12. Number of sandwich/catering or ice cream trucks:** _____
 Advise carrier: _____ Limits: _____
- 13. Where is food prepared?** Commercial kitchen Other If other, please provide complete details:

- 14. Does applicant package and sell food under their own label?** Yes No
- 15. Are health department regulations followed?** Yes No
- 16. How are dishes and linens cleaned and sanitized?** _____

- 17. Describe food storage procedures:** _____

- 18. Are records kept on food suppliers?** Yes No

19. Equipment:

Are any of the following used?

- Amusement devices (describe: _____)
- Barricades
- Dance floors
- Folding chairs/tables
- Grills (electric, gas, LPG) (describe: _____)
- Portable restrooms
- Space heaters
- Tents
- Tiki torches/live flames

20. Does applicant separately rent equipment to others? Yes No

If yes, what are receipts? _____

21. During the past three years, has any company ever canceled, declined or refused similar insurance to the applicant (Not applicable to Missouri applicants)?..... Yes No

If yes, explain: _____

22. 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: _____

23. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

24. Schedule Of Hazards:

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

25. Prior Carrier Information:

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

26. Loss History—Five Year Period:

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)

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.

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 Nebraska, Oregon and Vermont.**

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 in the third degree.

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 OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.

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.

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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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 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.