

# National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to [NRSapps@NRSinsurance.com](mailto:NRSapps@NRSinsurance.com)
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*



# Off-Premises Caterer Product

## OFF-PREMISES CATERER PRODUCT WARRANTY APPLICATION

To receive a quote, please complete the General Information and the desired coverage sections: General Liability, Property, Inland Marine, Umbrella or any combination.

### SECTION I. GENERAL INFORMATION

1. If our renewal, please provide the expiring policy number: \_\_\_\_\_
  2. Name of applicant: \_\_\_\_\_
  3. Mailing address: \_\_\_\_\_
  4. Location address: \_\_\_\_\_
  5. Inspection contact: \_\_\_\_\_ Phone number: \_\_\_\_\_
  6. Web address: \_\_\_\_\_ Email address: \_\_\_\_\_
  7. Applicant is:  Sole proprietorship  Partnership  Corporation  Other (describe) \_\_\_\_\_
  8. Have any of the requested coverages been cancelled or non-renewed in the last 5 years  Yes  No  
If yes, explain: \_\_\_\_\_
  9. Within the past 5 years has the applicant had any losses?  Yes  No  
If yes, please complete below  
Type of coverage \_\_\_\_\_ Date of loss \_\_\_\_\_ Incurred amount (\$) \_\_\_\_\_  
Description \_\_\_\_\_
  10. Business of applicant:  Off-premises caterer  
 Specify operations other than serving food and beverage (describe) \_\_\_\_\_
  11. How long has the current owner been in business at this location? \_\_\_\_\_
  12. Total sq. ft. of building: \_\_\_\_\_ Number of stories \_\_\_\_\_ Applicant occupied sq. ft. \_\_\_\_\_
  13. Lessors risk only sq. ft. \_\_\_\_\_ Apartment sq. ft. \_\_\_\_\_ Number of apartments \_\_\_\_\_  
List tenant occupancy: \_\_\_\_\_
  14. Has the applicant or majority partner filed for bankruptcy within the past 5 years?  Yes  No
  15. Does the electrical system have any aluminum or Knob & Tube wiring?  Yes  No
  16. Is all commercial cooking equipment properly covered by a functioning and operational automatic fire suppression system per the National Fire Protection Association's standard 96?  No  Yes
  17. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies?  No  Yes
  18. Is the applicant involved in staging or producing shows, lighting, audio visual equipment, travel or lodging services?  Yes  No
  19. Does the applicant own a hall or caterer events on an owned premises?  Yes  No
  20. Does the applicant sell any products from a vehicle?  Yes  No
  21. Does the applicant operate a "Meals on Wheels" or similar operation?  Yes  No
  22. Does the applicant sell or serve any products to the airline industry?  Yes  No
  23. Does the applicant rent any owned property or equipment to others?  Yes  No
- |   | Prior 12 Months (\$) | Next 12 Months (\$) |
|---|----------------------|---------------------|
| 24. Off-premises catered events - Food        | _____                | _____               |
| Off-premises catered events - Alcohol         | _____                | _____               |
| Catered events on an owned premises - Food    | _____                | _____               |
| Catered events on an owned premises - Alcohol | _____                | _____               |
| Other (specify): _____                        | _____                | _____               |
| Other (specify): _____                        | _____                | _____               |
| Other (specify): _____                        | _____                | _____               |
| <b>Total annual receipts:</b>                 | _____                | _____               |

**SECTION II. GENERAL LIABILITY**

25. Limits desired:

General Aggregate	\$	Personal and Advertising Injury	\$
Products & Completed Operations Aggregate	\$	Damage to Premises Rented to You	\$
Each Occurrence	\$	Medical Expense (any one person)	\$

26. Maximum number of people the applicant will cater an event for? \_\_\_\_\_

27. Does the applicant keep or permit any firearms on the premises or at events?  Yes  No

28. Has the applicant received any health or safety violations?  Yes  No  
If yes, details \_\_\_\_\_

29. Does the applicant meet at least one of the following criteria: operate from a certified kitchen with a food service license, or has the ServeSafe Food Safety or Hazard Analysis and Critical Control point certification?  Yes  No

30. Does the applicant serve a hospital, nursing home, school or prison?  Yes  No

31. Does the applicant have or hire security personnel?  Yes  No

32. Does the applicant obtain proof of insurance from all independent contractors?  Yes  No

33. If the applicant is the building owner and there are habitational units, please complete the following:
- a. If the building is over 3 stories in height, is there a fully enclosed, fire-protected stairwell or a functioning fire escape?  No  Yes
  - b. If the building is over 7 stories in height, is the building 100% sprinklered?  No  Yes
  - c. If there are security bars on any windows, are they equipped with a self-releasing mechanism on the inside of all bars?  No  Yes
  - d. Are all locks "re-keyed" prior to leasing to new tenants?  No  Yes
  - e. Are any renovations ongoing or planned during the policy period?  Yes  No
  - f. Are any units operated as assisted living, group home or rooming/boarder house?  Yes  No
  - g. Are any units occupied by student or subsidized tenants?  Yes  No

34. List expiring liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**SECTION III. PROPERTY COVERAGE**

35. Limits desired and rating information

<b>Building Construction</b> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<b>Protection Class</b>  	<b>Deductible</b> <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000	<b>Cause of Loss</b> <input type="checkbox"/> Basic/named Perils <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Improvements and Betterments Limit:	\$	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Personal Property Limit:	\$	Coinsurance (80% minimum) _____%	<input type="checkbox"/> ACV <input type="checkbox"/> RC
Business Income Limit:	\$	Coinsurance: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense	or Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty	\$	# of Employees	
<input type="checkbox"/> Money & Securities	\$	Inside \$	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Burglary & Robbery	\$	Inside \$	Outside (\$500 Standard Deductible)
<input type="checkbox"/> Outdoor Signs	\$		
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

36. Has any owner or general partner ever been convicted of a felony or arson?  Yes  No
37. Has any owner or general partner had any prior tax liens?  Yes  No
38. Cooking Supplement – If no cooking, check here
- a. Is there a cleaning contract in force with an outside firm?  No  Yes  
 Frequency of cleaning \_\_\_\_\_ Date last serviced: \_\_\_\_\_
- b. Describe cooking equipment used:  
 Grills  Open flame  Oven  Deep fat fryers  Charcoal grill  
 Barbeque pit/smoker Type or brand: \_\_\_\_\_ Distance from building \_\_\_\_\_ ft.
- c. Type of extinguishing system:  Wet  Dry
- d. Is vegetable oil used in cooking?  Yes  No
39. Is the plumbing completely PVC or Copper (no iron or lead)?  No  Yes
40. Roof is:  Pitched  Flat
41. Roof Type:  Composite shingle  Flat tar & gravel  Rubber  Metal  Tile  Wood shingle  Other \_\_\_\_\_
42. Age of building: \_\_\_\_\_
43. Is the property seasonal?  Yes  No  
 If yes, months closed: \_\_\_\_\_
44. Are there vacancies in the building?  Yes  No  
 If "yes," what is the percentage? \_\_\_\_\_%
45. Is the premises protected by a functioning and operational central station burglar alarm with an active monitoring contract in force?  No  Yes  
 Regarding the central station burglar alarm, are there:  
 Motion Detectors  Surveillance cameras on all doors and delivery areas  Laser System
46. Fire Protection:  Sprinklers  Central station fire alarm  Local fire alarm  Annually serviced fire extinguisher(s)
- a. Are functioning and operational sprinklers covering 100% of the building?  No  Yes
- b. Are annually serviced fire extinguishers on the premises?  No  Yes
47. If open 24 hours, is the premises equipped with surveillance cameras, central station hold up alarm?  No  Yes
48. Is all electric on functioning and operational circuit breakers?  No  Yes
49. Does the electrical system have any aluminum or knob & tube wiring?  Yes  No
50. List expiring Property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

**SECTION IV. INLAND MARINE**

51. Is insured's covered property or equipment salesperson's samples?  Yes  No
52. Is insured's property or equipment routinely sent by mail or parcel post?  Yes  No
53. Does the insured lease, loan or rent covered property or equipment to others?  Yes  No
54. Is all insured property or equipment on this schedule left unlocked and/or unsecured when not in use?  Yes  No  
 a. If so, is the place of storage protected by a central station alarm system?  Yes  No
55. Are any objects unique or difficult to replace?  Yes  No
56. Do any objects have value beyond their apparent worth due to being rare or collectible?  Yes  No
57. List expiring Inland Marine carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

58. Inland Marine Deductible:       \$500                       \$1,000                       \$2,500                       \$5,000                       \$10,000

59. Unscheduled property & equipment – individual item maximum of \$2,500 in value:

Description of items	Largest Item	Total of all Items
	\$	\$

60. Schedule of Property & Equipment for which coverage is requested:

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

**SECTION V. COMMERCIAL UMBRELLA**

61. Desired Limits:       \$1,000,000       \$2,000,000       \$3,000,000       \$4,000,000       \$5,000,000

62. Auto liability carrier: \_\_\_\_\_

63. Auto policy limits: \_\_\_\_\_

64. Auto policy effective date: \_\_\_\_\_

65. Auto policy premium (liability only): \_\_\_\_\_

66. Vehicle schedule (VIN & type): \_\_\_\_\_

67. Are there any heavy or extra heavy units?  Yes     No

68. Have there been any losses greater than \$10,000 in the past 5 years?  Yes     No

If yes, give details: \_\_\_\_\_

**SECTION VI. MORTGAGEES/ADDITIONAL INSUREDS/LOSS PAYEES**

List name, address, and insurable interest of each:

Indicate applicable section:

Name: \_\_\_\_\_

Property     GL     Inland Marine     Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_

Property     GL     Inland Marine     Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

Name: \_\_\_\_\_

Property     GL     Inland Marine     Umbrella

Address: \_\_\_\_\_

Insurable interest: \_\_\_\_\_

**Virginia Notice:** 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.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified 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.

**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.

**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 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.

**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.

**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.

**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.

**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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner or officer)

Broker's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Some states require that we have the name and address of your (Insured's) authorized agent or broker.

Name of authorized Agent or Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Mail completed application through local agent or broker to:

\_\_\_\_\_