



CARRIER:

Empty rectangular box for carrier information.

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 Liquor liability

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(s) Corporation Business partnership LLC Other: _____

Description of Operations:

Large empty rectangular box for describing operations.

1. Have there been any losses/claims, liquor citations, violations, charges or enforcement actions at this location in the past five years? Yes No
If "Yes," please complete section II.
2. What year did the business start? _____
3. How many years at the current location? _____
4. Exposure basis:
 - a. Square footage: _____
 - b. On-premises annual food receipts: \$ _____
 - c. On-premises annual alcohol receipts: \$ _____
 - d. Total number of annual events involving alcohol: _____
 - e. Average attendance at events: _____
 - f. What is the latest hour of operation? _____ a.m. p.m. 24 hours
 - g. What is the latest time an event will end? _____ a.m. p.m. 24 hours

General Liability Coverage

5. Occurrence/Aggregate limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$500,000 \$500,000/\$1 million
 \$1 million/\$1 million \$1 million/\$2 million
6. Add non-owned and hired automobile liability? Yes No *If "Yes," please answer questions 40–42*

Liquor Liability Coverage

7. Occurrence/Aggregate limit: \$50,000/\$100,000 \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$500,000
 \$500,000/\$1 million \$1 million/\$1 million \$1 million/\$2 million

II. LOSSES/LIQUOR VIOLATIONS, CITATIONS, CHARGES OR ENFORCEMENT ACTIONS FOR THE PAST FIVE YEARS AND ADDITIONAL INTERESTS

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

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

Please provide additional claims or information on a separate sheet

9. Have there been any losses in the past five years? Yes No

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability <input type="checkbox"/> Liquor <input type="checkbox"/> Assault or battery			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

Please provide additional claims or information on a separate sheet

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

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

III. ELIGIBILITY CRITERIA

10. 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 within the last five years? Yes No
11. Has coverage been canceled or non-renewed in the past three years? Yes No
12. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
13. Does any building built prior to 1978 have aluminum wire or knob-and-tube wiring? Yes No
14. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No

General Liability

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

Liquor Liability

24. Does the applicant ever sell, serve or provide alcohol? Yes No
 a. If "Yes," does the applicant provide servers only (no alcohol sales) for events? Yes No
25. Are only the applicant and its authorized employees or members permitted to sell, serve or provide alcohol at all events where alcohol is present? Yes No
 a. If "No," how many events per year does the applicant permit patrons or other entities serving alcohol to provide their own alcohol? _____
 b. If those 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 the applicant's liquor policy and name our applicant as an additional insured on their policy? Yes No
26. Does the banquet hall permit patrons to provide entertainment at their events? Yes No
 a. If "Yes," how many times per week _____ or per year _____
27. Does the applicant ever employ bouncers, security or doorpersons? Yes No
28. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state? Yes No
29. Does the applicant have and will they maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol? N/A Yes No
30. Liquor license name (if applicable): _____ License number (if applicable): _____
31. Does or will the applicant:
 a. Feature an open bar past 12 a.m.? Yes No
 b. Permit self-service of alcohol? Yes No
32. 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? Yes No
 c. Liquor or wine price (lowest price offered, including happy hours or specials) for less than \$3? Yes No
33. 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 the applicant as an additional insured on the subcontractor's liquor liability policy? Yes No
34. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
35. 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
36. 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.
37. Has liquor liability coverage been canceled or non-renewed in the past five years? Yes No

Property Eligibility

38. Are there functional and operational fire extinguishers that are readily available? Yes No
39. Are there grills, deep fat frying equipment or woks on the premises? Yes No
 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

Property

Building Construction:		<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible
		<input type="checkbox"/> Masonry noncombustible	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive
Protection Class	Cause of Loss	Deductible		Number of Stories
_____	<input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other _____	_____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____				

What type of plumbing is in the building?		<input type="checkbox"/> PVC	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Lead	<input type="checkbox"/> Other: _____
What type of roof is on the building?		<input type="checkbox"/> Flat	<input type="checkbox"/> Wood shake	<input type="checkbox"/> Shingle	<input type="checkbox"/> Metal	<input type="checkbox"/> Tile
		<input type="checkbox"/> Slate	<input type="checkbox"/> Other: _____			
What is the age of the roof? _____ years						
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No						
What is the square footage of the entire structure? _____ sq. ft.						
Building 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	or	Monthly Limit of Indemnity		
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 70%	<input type="checkbox"/> 1/3	<input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
		<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%		
Improvements and Betterments: \$ _____						
Outdoor Signs \$ _____				Canopy/Awning \$ _____		

Hired and Non-Owned

40. Is there a commercial auto insurance policy in force? Yes No
41. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No
42. 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: _____ Date: _____
(Required) (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.

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 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 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.

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/>.