



P.O. Box 5441 Richmond, VA 23220
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CATERING SUPPLEMENT APPLICATION

(Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____
 Number of active owners/officers/partners: _____ Number of Employees _____
 Estimated annual: Payroll (excl. owner) _____ Subs Costs _____
 Food receipts _____ Liquor receipts _____ Misc. receipts _____
 Does applicant carry Workers' Compensation coverage on temporary employees? Yes No
 Does applicant lease employees from others? Yes No
 If yes, please provide payroll: \$ _____
 Does applicant subcontract work to others and/or hire security guards? Yes No
 If yes, are certificates of insurance required? Yes No
 Do subcontractors name the applicant as additional insured? Yes No

Is any of the following equipment used?			
Amusement devices	<input type="checkbox"/> Yes <input type="checkbox"/> No	Portable restrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barricades	<input type="checkbox"/> Yes <input type="checkbox"/> No	Space heaters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dance floors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Folding chairs/tables	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tiki torches/live flame	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grills (electric, gas, LPG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: List _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please detail all answers to the following questions on the next page.

Does applicant rent any equipment to others? If yes, list receipts. Yes No
 Is food prepared in a commercial kitchen? Yes No
 Does applicant package and/or sell products under its own label? Yes No
 Does applicant have liquor liability? If yes, list carrier and limits. Yes No
 Does applicant own or lease a hall? If yes, list square footage. Yes No
 Does applicant own, lease, or otherwise operate a parking area? Yes No
 (If yes, describe security, i.e. fenced, lights, etc.)
 Does applicant offer valet service? If yes, provide details on Garage Liability Coverage. Yes No
 Does applicant follow health department regulations? Yes No

Details: _____



Attach a copy of the applicant's contract and last Workers' Compensation audit.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date