



# MARKEL SOUTHWEST UNDERWRITERS, INC.

## 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	Yes	No	Portable restrooms	Yes	No
Barricades	Yes	No	Space heaters	Yes	No
Dance floors	Yes	No	Tents	Yes	No
Folding chairs/tables	Yes	No	Tiki torches/live flame	Yes	No
Grills (electric, gas, LPG)	Yes	No	Other: List _____	Yes	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?  
 (If yes, describe security, i.e. fenced, lights, etc.)            Yes    No  
 Does applicant offer valet service? If yes, provide details on Garage Liability Coverage.            Yes    No  
 Does applicant follow health department regulations?            Yes    No

Details:

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**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