

Halls General Liability Supplemental Application

(Complete in addition to ACORD)

1.	Name of Applicant:	
	Web Site:	
2.	Please check all operations that apply:	
	Auditorium Catering Hall Concert Hall	Dance Hall
	Exhibition Building Sports Arena Theater	VFW Hall
	Other (describe):	
3.	Hall is (check all that apply):	
	□ For Profit □ Not-For-Profit □ Rented to the public □ For your use only ((private clubs, etc.)
4.	Please describe the types of events that take place at the hall:	
5.	Please indicate if you offer any of the following:	
5.		Rave Events
6.	Square footage of hall(s): feet	
0. 7.		
7. 8.	Total Annual Gross Sales (For Profit): \$ Total Annual Budget (Not-For-Profit): \$	
9.	Total Annual Barget (Not For From).	
10.	Total Annual Payroll: \$ Number of employees:	
11.	Do you provide catering services or staff?	🗌 Yes 🗌 No
	If yes, please fill out our Restaurants Supplemental application A67.	
12.	Is any cooking done on the premises?	□ Yes □ No
13.	Who cooks the food?	
14.	If an outside catering/wait staff is used, do you require them to provide Certificates of General	🗌 Yes 🔲 No
14.	Liability Insurance?	
15.	Who provides alcohol? Applicant Contracted caterer Renter No alcohol al	lowed on premises
16.	Do you have Liquor Liability Insurance coverage in force?	🗌 Yes 🔲 No
	If yes, indicate carrier and limits of insurance: \$\$	/
17.	If alcohol is served by independently contracted catering/wait staff/bartenders, do you require them to provide Certificates of Liquor Liability Insurance?	🗌 Yes 🔲 No
18.	If your employees serve alcohol, are all servers required to complete TIPS Alcohol training?	🗌 Yes 🔲 No
19.	Do you or do independent contractors supply security?	🗌 Yes 🔲 No
	If yes, is security armed?	🗌 Yes 🔲 No
20.	Do you require all independent contractors to provide Certificates of General Liability Insurance?	🗌 Yes 🔲 No
21.	Do you have a parking area? Yes No If yes, provide area: Squa	are feet
22.	Do you provide valet parking?	🗌 Yes 🔲 No
	If yes, is parking done by: Employees Volunteers Independent Contrac	tors
23.	Are there at least two means of egress?	🗌 Yes 🔲 No
24.	Hours of operation:	
25.	Is the establishment in compliance with maximum occupancy requirements?	🗌 Yes 🔲 No
26.	Are signs clearly posted to show the maximum occupancy requirements?	🗌 Yes 🔲 No
27.	Have you had any public code violations, or has the Health Department ever shut down your operations?	🗌 Yes 🗌 No
	REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE C	OMPLETED
	AND ATTACHED IN ORDER TO OBTAIN A QUOTE.	

Applicant's Signature