

**HALLS SUPPLEMENTAL**

- Applicant's
1. Name: \_\_\_\_\_
  2. Description of Operations: \_\_\_\_\_
  3. Is there a commercial kitchen at this location?  Yes  No  
If yes, is there an automatic extinguishing system covering all cooking areas and surfaces that is inspected per a professional service contract at least semiannually?  
\_\_\_\_\_
  5. Annual Receipts: Facility Rental \_\_\_\_\_ Food Receipts \_\_\_\_\_ Alcohol Receipts \_\_\_\_\_  
Other (please describe) \_\_\_\_\_
  6. Is the facility ever used for Sporting Events?  Yes  No  
If yes, please describe. \_\_\_\_\_
  7. Does the applicant have Liquor Liability Coverage?  Yes  No  
If yes, indicate carrier and limits: \_\_\_\_\_
  8. Are security personnel employed (bouncers, guards, ID Checkers, etc.)?  Yes  No
  9. Does the applicant hire any subcontractors?  Yes  No  
If yes, please describe. \_\_\_\_\_  
If the applicant uses subcontractors, do they obtain a certificate of insurance or is the applicant named as an Additional insured on the subcontractor's General Liability policy?
  10. Does the insured provide a Valet Service?  Yes  No
  11. Does the insured provide a Limousine, shuttle, or taxi service?  Yes  No
  12. Does the applicant separately rent equipment to others?  Yes  No

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_