

MOBILE FOOD TRUCK SUPPLEMENTAL APPLICATION

1. Named Insured:

DBA:

COVERAGE DESIRED:

<input type="checkbox"/> Inland Marine * (MOBILE CATERING COVERAGE FORM, CMA-100)			
Business Personal Property	\$5,000	\$10,000	\$15,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included: Food Spoilage	\$5,000	\$5,000	\$5,000
Theft of Money	\$1,000	\$1,000	\$1,000
Business Income	\$10,000	\$10,000	\$10,000

*** Inland Marine coverage only available when written with General Liability Coverage Part as a package.**

General Liability

General Aggregate	\$2,000,000
Products Aggregate	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising	\$1,000,000
Damage to Rented Premise	\$100,000
Medical Payments	\$5,000
BI/ PD Deductible Per Claim	\$500

HIGHER LIMITS ARE AVAILABLE

INDICATE PROJECTED ANNUAL RECEIPTS \$ _____

Description of Operations: Enter "X" in Applicable Box

1. Type of Operations: Hot Truck Cold Truck Espresso Vendor Catering Food Trailer

2. Type of Food Served: _____

Do you sell Alcohol or Tobacco Products? Yes No

3. Year Business Started: _____ If less than 3 years old, # of years experience in Food Industry: _____

Describe experience: _____

4. Applicant is an: Independent Owner Operator Other (please describe): _____

5. Days in Operation: _____ Hours of Operation: _____

6. Name of Commissary: _____ Phone: _____

7. Address of Commissary: _____

8. Is or are vehicle(s) garaged at this location overnight? Yes No

If "NO", are vehicles kept at a secure location with adequate key control? Yes No

Fire Protection: (Hot Trucks Only)

1. Is there an automatic fire extinguishing system? Yes No If "NO", explain: _____

2. If "YES", does it protect the following? (check all that apply) Cooking Surfaces Goods Deep Fat Fryer

3. Number of Fire Extinguishers: ABC Class (Combustibles-Flamables-Electrical) Class K (Oils-Grease)

Compliance with State & Local Permits Requirements:

1. Do all the operations to be insured under this policy have valid Mobile Food Vendor Permit(s)? Yes No

2. Permit Number(s): _____ If no number, attach copy of permit.

3. Date(s) of Last Inspection(s): _____

4. Have you ever been cited for any city, county or state health code violations? Yes No

If "YES", please explain: _____

AUTOMOBILE INFORMATION

(Selections apply to all vehicles)

- 1. Is there a vehicle maintenance & safety program in operation? Yes No
- 2. Are there any "Hold Harmless" agreements? Yes No
- 3. Does the applicant obtain MVR verification before hiring? Yes No

UNIT NUMBER ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE

Year: _____ Make: _____ Body Type: _____ Length: _____
GVW: _____ Model: _____ V.I.N. _____ Radius: _____

Check One - Mobile Unit is: Owner Operated Lessor Operated Employee Operated

City, State, Zip where garaged or parked overnight: _____ Purchased New or Used? New Used

Purchase Date: _____ Purchase Price: _____

Did purchase price include customized kitchen? Yes No N/A If "NO", Kitchen customized or MFG date: _____

Cost to customize or MFG: _____ Describe what was done: _____

PROTECTION

Anti Lock Braking System: 2 Wheel 4 Wheel None

Antitheft Devices: Lo-Jack Tele Trac Basic Alarm - No Tracking Other: _____

For Trailers: Have you installed a Hitch - lock? Yes No

UNIT NUMBER ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE

Year: _____ Make: _____ Body Type: _____ Length: _____
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NOTE: If there are more vehicles to schedule, please complete the Supplemental Scheduled Vehicles Form.

GENERAL AUTOMOBILE INFORMATION

1. Is / Are vehicles ever rented to others? Yes No If "YES", Explain: _____
2. Does applicant employ drivers under 21? Yes No
3. Are driving records checked and ordered on new drivers at or prior to employment? Yes No

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE SCHEDULED VEHICLES AND EMPLOYEES WHO DRIVE THESE VEHICLES OR OWN VEHICLES ON COMPANY BUSINESS.

Driver #	Name Including Address	Date of Birth	Drivers License #	State Licensed

READ AND SIGN BELOW

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU. INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; In DC, LA, ME, TN VA and WA, Insurance benefits may also be denied)
 IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE , DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/ SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/ HER KNOWLEDGE.

APPLICATION MUST BE FULLY COMPLETED AND SIGNED PRIOR TO COVERAGE BEING BOUND.

PRODUCERS SIGNATURE _____ PRODUCERS NAME (Please Print) _____

APPLICANTS SIGNATURE _____ DATE _____