

# FOOD DELIVERY AUTO INSURANCE APPLICATION

**A. GENERAL**

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant:  Individual  Partnership  Corporation  Other

Proposed Effective Date: \_\_\_\_\_

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

Years Operating in Your Current Business Name: \_\_\_\_\_ Web Site: \_\_\_\_\_

Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years?  Yes  No If yes, please explain: \_\_\_\_\_

Are you:  Independent or  a Franchisee

Is your business a subsidiary of another entity or does your business have any subsidiaries?  Yes  No

If yes, provide details: \_\_\_\_\_

Store Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. COVERAGES REQUESTED**

Hired and Non-Owned Liability Limits:  \$100,000  \$300,000  \$500,000  \$1,000,000

Excess Auto Liability **(Available only if you have underlying non-owned and hired auto coverage.)**

Limit \$ \_\_\_\_\_  Your underlying Insurance Limit \$ \_\_\_\_\_

Carrier: \_\_\_\_\_

**C. OPERATIONS**

1. Product Delivered:  Pizza  Chinese Food  Other \_\_\_\_\_

2.

Operations History	Dates	Delivery Receipts	Total Annual Receipts
Projected This Year			
Most Recent Year			

3. Do you agree to maintain accurate records of delivery receipts?  Yes  No

4. Total number of owned vehicles: Used for delivery \_\_\_\_\_ Other \_\_\_\_\_

5. Do you advertise to the buying public that delivery will be completed within a specified time of receiving an order?  Yes  No How fast? \_\_\_\_\_ minutes

6. Do you charge extra for deliveries?  Yes  No If yes, how much do you charge? \_\_\_\_\_

7. Are all drivers your employees?  Yes  No

8. Are your employees covered by Workers' Compensation?  Yes  No

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<b>D. PRIOR INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)</b>						
Policy Dates	Insurance Carrier	Policy #	Premium	*Total Auto Liability Claims		Cancelled or Non-Renewed? (Reason)
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	

\*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:


<b>E. SPECIAL COVERAGE RESTRICTION</b>	
<p>I have read endorsement IPC 101 and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of IPC 101.</p>	
<p>Applicant's Signature _____</p>	<p>Date _____</p>

<b>F. AGREEMENTS AND SIGNATURES</b>	
<p><b>APPLICANT:</b> I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.</p>	
<p><b>FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A CRIME.</b></p>	
<p>Applicant's Signature _____</p>	<p>Producer's Signature _____</p>
<p>Date _____</p>	<p>Date _____</p>