

MOBILE FOOD VENDORS INSURANCE PROGRAM

MFV APPLICATION

AGENCY INFORMATION (Agency Information must be complete)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Location: _____
- ADDRESS CITY STATE
4. Producer: _____ Email Address: _____

APPLICANT INFORMATION

Web site: www. _____

TARGET PREMIUM: _____

1. **Named Insured:** _____
DBA: _____
2. Contact Person: _____ Phone: _____ Email: _____
3. **Mailing Address:** _____
Location Address: _____
4. **Proposed Effective Date:** _____ **Expiration Date** _____ **FEIN OR SOC SEC #** _____
5. INDIVIDUAL CORPORATION SUBCHAPTER 'S' CORP LLC PARTNERSHIP JOINT VENTURE
Member of Association? YES NO
Name of Association? _____

6. **PRIOR CARRIER INFORMATION** NOT APPLICABLE - NEW VENTURE

	GENERAL LIABILITY	AUTOMOBILE	PROPERTY
EFFECTIVE DATES	_____	_____	_____
INSURANCE COMPANY	_____	_____	_____
POLICY NUMBER	_____	_____	_____
PREMIUM	_____	_____	_____
3 YRS TOTAL LOSSES	\$ _____ <input type="checkbox"/> No Losses	\$ _____ <input type="checkbox"/> No Losses	\$ _____ <input type="checkbox"/> No Losses

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES, OTHER THAN THOSE INDICATED ABOVE, THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICIES SHOWN ABOVE. I REALIZE THAT THIS DECLARATION IS MATERIAL TO THE ACCEPTANCE OF THE RISK AND THAT UNDERWRITERS RESERVE THE RIGHT TO RESCIND COVERAGE OF ANY POLICY THAT IS ISSUED AS A RESULT OF THIS APPLICATION IF THE STATEMENTS SET FORTH HEREIN AND ANY ATTACHMENTS ARE ERRONEOUS FOR ANY REASON.

Compliance with State & Local Permit 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: _____

ADDITIONAL COMMENTS:

MFV INSURANCE PROGRAM APPLICATION - pg. 2

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 yrs 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. Number of Employees? Full Time _____ Part Time _____ Employees covered by Work Comp? YES NO
 If "NO" Please explain? _____
7. Any type of losses in the past 3 years? YES NO Description and amount of losses: _____
8. Any policy or coverage declined, cancelled or non-renewed during the prior (3) years? YES NO
9. Name of Commissary: _____ Phone: _____
- 10 Address of Commissary: _____
- 11 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? Hoods? Deep Fat Fryers?
3. Number of Fire Extinguishers: _____ ABC Class (Combustibles-Flamables-Electrical) _____ Class K (Oils-Grease)

Property (IM) / Crime Coverage: YES NO If 'NO' skip this section

1. Yes, please Quote Special Limited Property (Inland Marine) / Crime Coverage Endorsement.
 a. Coverage for Personal Property in Transit and at Undisclosed Location – \$10,000 (Blanket) - Deductible \$500
 b. Crime Coverage - \$1,000 Money & Securities Inside (Food Truck Location)
 \$5,000 Money & Securities outside (Away from Food Truck Location)
 \$5,000 Employee Dishonesty
 c. Crime Deductible: \$500 Per Claim
2. YES, Include Enhancement Endorsement. **(Subject to individual state restrictions)**

<u>Coverage</u>	<u>Limits</u>	<u>Deductible</u>
Food Contamination / Spoilage	\$ 10,000	\$ 250
Business Income	Actual Loss Sustained up to 1/12th of annual gross receipts.	None
Business Income Maximum Period of Indemnity	30 Days	None
Extra Expense	\$ 1,000	None
Mechanical Breakdown Coverage For: Generators, Cooking, Heating, Refrigeration or Electronic equipment in Truck. (does not apply to propulsion or motive power to auto equipment).	\$ 10,000	\$ 250
Inland Marine – Blanket Limit for the following:	\$ 15,000 (Increased from \$10,000)	\$ 250
Computer Systems	Included	
Miscellaneous Articles (personal property at unspecified locations)	Included	
Accounts Receivable	Included	
Valuable Papers	Included	
Bailees Customer Coverage	Included	

MFV INSURANCE PROGRAM APPLICATION - pg. 3

General Liability Coverage: YES NO If 'NO' skip this section

1. General Liability is only offered as a package with the Auto and premiums are based on 'Annual Gross Receipts'.
2. Please indicate Projected Annual Gross Receipts: \$ _____ MUST BE FILLED IN TO QUOTE

NOTE: If you are estimating your Gross Receipts please use \$500 per day for Hot Trucks and \$300 per day for all others as a minimum; otherwise, use your actual Gross Receipts.

3. Limits of Liability (SET LIMITS - Lower Limits not Offered)

General Aggregate:	\$	2,000,000
Products & Completed Operations Aggregate:	\$	2,000,000
Personal and Advertising Injury:	\$	1,000,000
Each Occurrence	\$	1,000,000
Damage to Rented Premises:	\$	100,000
Medical Payments	\$	5,000
BI & PD Deductible	\$	NO DEDUCTIBLE
(Bodily Injury & Property Damage)	\$	1,000
	\$	2,500
	\$	5,000

4. Liability Endorsements (Indicate endorsements to be included)

- Blanket Additional Insureds
 Blanket Waiver of Subrogation
 Employee Benefits Liability

AUTOMOBILE INSURANCE

(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

If Yes, a copy of the MVR must be submitted with the request to add a driver after the effective date of the policy.

If No, MVR's will be ordered on behalf of the applicant and a \$10 charge shall apply per MVR ordered.

AUTO LIABILITY LIMIT(S) OFFERED \$500,000 csl \$750,000 csl \$1,000,000 csl _____ Umbrella / XS

UNINSURED & UNDERINSURED MOTORIST? YES NO (Opt Out) \$500,000 csl \$750,000 csl \$1,000,000 csl

Medical Payments PIP (Personal Ins. Protection)
 \$1,000 \$2,000 \$5,000 \$10,000

HIRED & NON-OWNED AUTO COVERAGE (Symbols 8 & 9) YES NO

PHYSICAL DAMAGE

COMPEHENSIVE YES NO Symbol (7) Autos Specified on Schedule

COLLISION YES NO Symbol (7) Autos Specified on Schedule

VALUATION: Actual Cash Value Stated Amount

DEDUCTIBLE: Comprehensive: \$1,000 \$2,000 \$3,000 \$5,000

 Collision: \$1,000 \$2,000 \$3,000 \$5,000

BLANKET ADDITIONAL INSURED YES NO

TOWING AND LABOR COSTS - NON-PRIVATE PASSENGER AUTOS YES NO

We will also pay for towing and labor costs incurred each time an "auto" you own or lease that is other than of the private passenger type is disabled. However, the labor must be performed at the place of disablement. This coverage applies only to "autos" that are 15 years of age or less.

The most we will pay for towing and labor costs incurred by an "auto" that is other than of the private passenger type is \$250 per disablement.

MFV INSURANCE PROGRAM APPLICATION - pg. 4

AUTOMOBILE SCHEDULE

UNIT NUMBER	<input type="text"/>	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: <input type="checkbox"/> Owner Operated <input type="checkbox"/> Lessor Operated <input type="checkbox"/> Employee Operated					
City, State, ZIP where Garaged or Parked Overnight? _____			Purchased New or Used? <input type="checkbox"/> NEW <input type="checkbox"/> USED		
Purchase Date: _____		Purchase Price? _____		Stated Amount _____	
Did purchase price include customized kitchen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If NO, Kitchen customized or Mfg date: _____					
Cost to customize / Mfg: _____		Describe what was done: _____			
PROTECTION					
Anti Lock Braking System: <input type="checkbox"/> 2 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> None					
Antitheft Devices: <input type="checkbox"/> Lo-Jack <input type="checkbox"/> Tele Trac <input type="checkbox"/> Basic Alarm - No Tracking <input type="checkbox"/> Other: _____					
For Trailers: Have you installed a Hitch-lock? <input type="checkbox"/> YES <input type="checkbox"/> NO					

UNIT NUMBER	<input type="text"/>	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: <input type="checkbox"/> Owner Operated <input type="checkbox"/> Lessor Operated <input type="checkbox"/> Employee Operated					
City, State, ZIP where Garaged or Parked Overnight? _____			Purchased New or Used? <input type="checkbox"/> NEW <input type="checkbox"/> USED		
Purchase Date: _____		Purchase Price? _____		Stated Amount _____	
Did purchase price include customized kitchen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If NO, Kitchen customized or Mfg date: _____					
Cost to customize / Mfg: _____		Describe what was done: _____			
PROTECTION					
Anti Lock Braking System: <input type="checkbox"/> 2 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> None					
Antitheft Devices: <input type="checkbox"/> Lo-Jack <input type="checkbox"/> Tele Trac <input type="checkbox"/> Basic Alarm - No Tracking <input type="checkbox"/> Other: _____					
For Trailers: Have you installed a Hitch-lock? <input type="checkbox"/> YES <input type="checkbox"/> NO					

UNIT NUMBER	<input type="text"/>	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: <input type="checkbox"/> Owner Operated <input type="checkbox"/> Lessor Operated <input type="checkbox"/> Employee Operated					
City, State, ZIP where Garaged or Parked Overnight? _____			Purchased New or Used? <input type="checkbox"/> NEW <input type="checkbox"/> USED		
Purchase Date: _____		Purchase Price? _____		Stated Amount _____	
Did purchase price include customized kitchen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If NO, Kitchen customized or Mfg date: _____					
Cost to customize / Mfg: _____		Describe what was done: _____			
PROTECTION					
Anti Lock Braking System: <input type="checkbox"/> 2 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> None					
Antitheft Devices: <input type="checkbox"/> Lo-Jack <input type="checkbox"/> Tele Trac <input type="checkbox"/> Basic Alarm - No Tracking <input type="checkbox"/> Other: _____					
For Trailers: Have you installed a Hitch-lock? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NOTE: If there are more vehicles to schedule, please complete an ACORD Supplemental Scheduled Vehicles Form

COMMENTS:

MFV INSURANCE PROGRAM APPLICATION - pg. 5

General Automobile Information:

1. Is / Are vehicle(s) ever rented to others? YES NO If "YES", Explain: _____

3. Does applicant employ drivers under 21? YES NO

4. Are driving records checked and ordered on new drivers at or prior to employment? YES NO

5. Any employees requiring SR-22's YES NO

6. DRIVER INFORMATION

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

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

7. ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

Additional Insured Loss Payee Lienholder Employee as Lessor Mortgagee

NAME & ADDRESS	REFERENCE #	CERTIFICATE REQUIRED INTEREST IN VEHICLE #

Additional Insured Loss Payee Lienholder Employee as Lessor Mortgagee

NAME & ADDRESS	REFERENCE #	CERTIFICATE REQUIRED INTEREST IN VEHICLE #

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 _____