Agent:                          Proposed Effective Date:

|  |  |
| --- | --- |
| ***A.*** | ***GENERAL*** |

Applicant’s Name (Including DBA):

Contact Person:                                                             Phone#:

Mailing Address:

City:                                                 State:        Zip:

Website:

1. Applicant is: [ ]  Independent or [ ]  a Franchisee Franchise Name:

2. Applicant is: [ ]  Individual [ ]  Partnership [ ]  Corporation [ ]  LLC [ ]  Other:

3. Years’ operating in your current business name:

4. Number of years your business has done deliveries:

5. 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:

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

 If yes, provide details:

7. Total number of locations:

8. Total number of locations with delivery:

9. Do you want coverage for non-delivery locations? [ ]  Yes [ ]  No

10. What are the operations for non-delivery locations?

11. List complete addresses for all stores to be scheduled on the policy or attach Acord Application:

|  |  |
| --- | --- |
| ***B.*** | ***COVERAGES REQUESTED*** |
| [ ]   | Hired and Non-Owned Liability Limits: | [ ]  $100,000 [ ]  $300,000 [ ] $500,000 [ ] $1,000,000 [ ]  $1,500,000 [ ] $2,000,000  |

[ ]  Excess Auto Liability **(Available only if you have underlying non-owned and hired auto coverage with a different A rated carrier.** **$2,000,000 maximum available).**

Do you want excess coverage for Owned autos? [ ]  Yes [ ]  No If so, how many autos do you own?

 Name of the primary insurance company:

 Limit of Liability afforded on the primary policy $         What excess limit would you like? $

|  |  |
| --- | --- |
| ***C.*** | ***OPERATIONS*** |
| 1. | Product Delivered: [ ]  Pizza  | [ ]  Asian Food | [ ] Subs/Sandwiches | [ ] Food Courier: | [ ]  Other: |       |
|  |  |  |  |  |  |
| 2. | Number of Drivers (Employed and Contracted)  |       |  |  |
|  |  |  |  |  |  |
| 3. |  | **Operations History** | **Dates** | **Total Annual Receipts** | **Total Annual Receipts From Food Deliveries** | **Total Number Of Deliveries Annually** |
|  |  | Projected This Year |       |       |       |       |
|  |  | Most Recent Year |       |       |       |       |

4. What is the minimum age of drivers delivering food?

5. Do all of your drivers have at least two years driving experience?

6. Do you advertise a guaranteed delivery time frame? [ ]  Yes [ ]  No If so, how fast?       minutes

 A. What are the consequences if it is not met?

 B. Provide a copy of the advertisement.

7. Do you forbid drivers to be accompanied by passengers other than your employees? [ ]  Yes [ ]  No

8. Do you charge extra for deliveries? [ ]  Yes [ ]  No If so, how much do you charge? $

9. Are all autos driven inspected regularly to meet the state’s safety requirements? [ ]  Yes [ ]  No

10. Do you have a Driver Safety Program? [ ]  Yes [ ]  No If yes, please provide a copy.

11. Are you a food courier (deliver food of other restaurants)? [ ]  Yes [ ]  No

 If yes, answer the following:

 A. What are your gross food sales? (The amount your customer pays) $

 B. What percentage of food sales do you retain?      %

 C. What is your delivery fee? $

 D How many deliveries are made per week?

 E. How many drivers are contracted and employed?

|  |  |
| --- | --- |
| ***D.*** | ***PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)*** |
| Policy Dates | Insurance Carrier | Policy # | Premium | \*Total Auto Liability Claims | Cancelled or Non-Renewed? (Reason) |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
|       |       |       | $      | #   | $      |       |
| \*5 Years of loss runs are required, please attach. Please also describe any loss over $25,000: |
|       |

|  |  |
| --- | --- |
| ***E.*** | ***AGREEMENTS AND SIGNATURES*** |
| **APPLICANT:**  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. |
| **FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.****(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED $5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)** |

|  |  |
| --- | --- |
| ***F.*** | ***SPECIAL COVERAGE RESTRICTION*** |
| I have read the endorsement called **WARRANTY OF RECORDS, RECORD KEEPING AND DRIVER REQUIREMENTS** 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 the **WARRANTY OF RECORDS, RECORD KEEPING AND DRIVER REQUIREMENTS** endorsement. Refer to **Endorsement CA-IPC101 (05/19).** |
|  |

|  |
| --- |
|  |
|  |
| Applicant's Signature |  |  | Producer’s Signature |  |
|  |
| Date |         |  | Date |         |
|  |