

**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 \$1,500,000

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. Number of years your business has done deliveries: _____

3.

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

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

5. Total number of owned vehicles: Used for delivery _____ Other _____

6. 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

7. Do you charge extra for deliveries? Yes No If yes, how much do you charge? _____

8. Are all drivers your employees? Yes No

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

**FOOD DELIVERY AUTO INSURANCE
APPLICATION**

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)
				#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	

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

--

E. SPECIAL COVERAGE RESTRICTION

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.

F. 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 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.

Applicant's Signature _____	Producer's Signature _____
Date _____	Date _____