

FOOD TRUCK/CONCESSION/KIOSK/TRAILER APPLICATION

Brokerage: _____ Contact Person: _____ Tel: _____

Name of Insured (Full Legal Name): _____

Mailing Address: _____ Postal Code _____

Risk Location Address: _____ Postal Code _____

Name of Principal(s): _____

Full description of Business Operations: _____

Website Address (if applicable): _____

Number of Years in Business: _____ If less than 3 years in business, # of years relevant experience: _____

Desired Effective Date: _____ Desired Expiry Date: _____

Previous Insurer: _____ Has any Insurer cancelled, declined, or refused you coverage? Yes No

If yes, provide details: _____

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied;

Is your operation a mobile food truck / trailer OR is the truck/trailer set up in a permanent location with truck/trailer made immobile (on blocks / skirted & tied down): _____ (state which one applies)

If not mobile please confirm risk location: _____

Is there deep frying? Yes No

Is there an automatic fire extinguishing system? Yes No

If so, does it protect cooking surfaces, hoods and deep fat fryers? Yes No

Is the fire extinguishing system maintained by qualified and certified service provider at least every 6 months? Yes No

Are the grease filters cleaned weekly as a minimum by trained staff? Yes No

Are there any portable fire extinguishers? Yes No If so, what type? ABC Type K Other _____

What is the fuel source for your cooking equipment? _____ (ie: generator, electrical)

Is there a cleanliness protocol in place (ie: hand washing sink, sanitizing utensils) Yes No

Do you operate year round or seasonal? _____

Do you have commercial auto coverage in place? Yes No

Confirmation of health food board certificate and food safe certificate? _____

PROPERTY UNDERWRITING INFORMATION *(complete only if coverage required for permanent location/immobile structure)*

Fire Department: _____ Paid F/T: _____ Paid P/T: _____ Volunteer: _____ None: _____

Select the distance between your building and the nearest Municipal Fire Hydrant:

Within 500 feet Between 500 and 1000 feet Over 1000 feet

Year built/year of manufacture: _____ Condition: Excellent Good Fair Poor

If over 30 years old, have there been any updates to the building/structure?

Adjacent Exposures: _____

Heating Type: _____ General Housekeeping: _____

Burglary Alarm System: Monitored Local None Is the monitoring company ULC Approved No Yes

Miscellaneous Information: _____

GENERAL LIABILITY UNDERWRITING INFORMATION

Total Number of Employees: _____ Full-time Employees: _____ Part-time Employees: _____

Gross Receipts (**Food**): _____ Gross Receipts (**Liquor**): _____ Any other revenues? _____

Does the applicant engage in any other operations (other than as described in full description of business operations as above)?

Yes No If yes, describe on separate attachment.

Answer the following only if there is liquor sales/service:

Does the applicant have a valid Liquor License: Yes No

Does the applicant have written procedures regarding service of alcohol & for handling intoxicated patrons: Yes No

Does the applicant require all managers and servers to have taken the ProServe (SIP) program or equivalent: Yes No

CRIME UNDERWRITING INFORMATION *(if applicable)*

How employees would routinely handle money? _____

Do they have a safe on premises? Yes No If yes, is it ULC approved and what class _____

Do you make daily deposits to the bank? Yes No

INTERNAL CONTROLS: Are bank accounts reconciled monthly? Yes No

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No

If no please explain: _____

Is a countersignature of all cheques require? Yes No **Above what amount?** _____

Will endorsement of cheques on Employers behalf be limited to endorsement for deposit to the credit of the employer only?

Yes No

How frequently is an inventory of merchandise conducted? _____ **By whom?** _____

Is there a personal supervision of the business activities on a daily basis by Owner, Partner or Director? Yes No

COVERAGE REQUIREMENTS *(per location)*

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building (including affixed/attached equipment) Note: THIS COVERAGE ONLY AVAILABLE FOR FOOD TRUCKS/ TRAILERS IF UNIT IS IMMOBILE	
Detached Equipment	
Stock	
Business Interruption Profits 100% Co. or Gross Earnings 80% Co	
Extra Expense	
Office Contents	
Computer (Hardware/Software)	
Miscellaneous Property Floater	
Other: _____	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Comp 3D Crime including Form A Employee Dishonesty	
LIABILITY COVERAGE	AMOUNT OF INSURANCE
Bodily Injury & Property Damage – per occurrence	
Products & Completed Operations – aggregate limit	
Personal Injury Liability – per occurrence	
Non-Owned Automobile Liability – per occurrence	
Tenants Legal Liability:	
Other: _____	

Target Premium (if known): _____

This is only an application and does not constitute an insurance policy. Insurance shall become effective only on issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants information provided.

Applicant's Signature: _____ Date: _____

Please Print Name: _____ Date: _____