

## 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: _____	

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: \_\_\_\_\_