

MOBILE FOOD VENDORS APPLICATION

Proposed effective date: _____

Insured and/or business name if different : _____

Federal identification number: _____ Website: _____

Entity: Individual / Partnership / LLC / Corporation / Other: _____

Mailing address: _____ City: _____ State: ___ Zip: _____

Contact person: _____ Email: _____

Phone: _____ Number of employees: _____

Description of operations – type of cuisine, target market, etc.:

Years in business: _____ If less than 3 years, provide details of experience in the food industry:

Days in operation per week: _____ Hours of operation: _____ Number of sites per day: _____

Projected gross annual receipts: \$ _____

Coverage Limits: *All automobile liability and general liability quotes will be at a \$1 million occurrence limit.*

Mobile business personal property limit (POS, supplies, non-permanent equipment): \$ _____

Cost of permanent kitchen equipment: \$ _____ Spoilage (food) limit: \$ _____

Money & securities limit: \$ _____ Employee dishonesty limit: \$ _____

Medical pay limit: \$ _____ UM/UIM limits: \$ _____

Physical damage: Comp: Yes No Deductible: \$ _____ Collision: Yes No Deductible: \$ _____

Other requested automobile coverage: _____

Are vehicles inspected by the local Department of Health? Yes No

Have vehicles passed a state motor vehicle safety inspection? Yes No

Does insured have a current mobile food vendor operator's license/permit? Yes No

Are vehicles thoroughly and appropriately cleaned daily for the type of operation? Yes No

For hot trucks emitting grease-laden vapors, is there UL 300 certification? Yes No

For hot trucks, are the hoods and duct system thoroughly cleaned every 3 months? Yes No

Do all vehicles have an inspected & tagged 5-pound portable hand extinguisher? Yes No

Are MVR's run on all employees prior to hiring? Yes No

Vehicle Information (please complete the following for each vehicle):

Photos: If available, pictures (inside and outside) of vehicles. Will be required if bound.

Year: _____ Make: _____ Model: _____ Vin #: _____

GWV: _____ Radius of operations: _____

Year of conversion: _____ Purchase price of vehicle : \$ _____ Conversion cost:\$ _____

Garaging address: _____ Estimated annual miles: _____

Are vehicles garaged at commissary or in a private secured lot or secured garage? Yes No

If "No", please offer details:

Driver information (please complete for every driver):

Name: _____ License: _____ State: _____ DOB: _____

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UMBRELLA/EXCESS LIABILITY (optional) – Some venues or events may require additional coverage

Limit of liability desired: \$ _____

Workers' Compensation: **Please forward complete ACORD application**