

# MOBILE FOOD TRUCK SUPPLEMENTAL APPLICATION

(Attach completed ACORD 125 and 126)

1. Named Insured:

DBA:

**COVERAGE DESIRED:**

<input type="checkbox"/> Inland Marine * (MOBILE CATERING COVERAGE FORM, CMA-100)			
Business Personal Property	\$5,000	\$10,000	\$15,000
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Included: Food Spoilage	\$5,000	\$5,000	\$5,000
Theft of Money	\$1,000	\$1,000	\$1,000
Business Income	\$10,000	\$10,000	\$10,000

**\* Inland Marine coverage only available when written with General Liability Coverage Part as a package.**

Description of Operations: Enter "X" in Applicable Box

1. Type of Operations:    Hot Truck    Cold Truck    Espresso Vendor    Catering    Food Trailer  
 Other \_\_\_\_\_

INDICATE PROJECTED ANNUAL RECEIPTS \$ \_\_\_\_\_

2. Type of Food Served: \_\_\_\_\_  
 Do you sell Alcohol or Tobacco Products?    Yes    No   If YES, refer to company underwriter.
3. Year Business Started: \_\_\_\_\_ If less than 3 years old, # of years experience in Food Industry: \_\_\_\_\_  
 Describe experience: \_\_\_\_\_
4. Applicant is an:    Independent Owner Operator    Other (please describe): \_\_\_\_\_  
 \_\_\_\_\_
5. Days in Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
6. Name of Commissary: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Address of Commissary: \_\_\_\_\_
8. Is or are vehicle(s) garaged at this location overnight?    Yes    No  
 If "NO", are vehicles kept at a secure location with adequate key control?    Yes    No  
 Fire Protection: (Hot Trucks Only)
1. Is there an automatic fire extinguishing system?    Yes    No If "NO", explain: \_\_\_\_\_  
 \_\_\_\_\_
2. If "YES", does it protect the following? (check all that apply)    Cooking Surfaces    Goods    Deep Fat Fryer
3. Number of Fire Extinguishers: \_\_\_\_ ABC Class (Combustibles-Flamables-Electrical) \_\_\_\_ Class K (Oils-Grease)
- Compliance with State & Local Permits Requirements:
1. Do all the operations to be insured under this policy have valid Mobile Food Vendor Permit(s)?    Yes    No
2. Permit Number(s): \_\_\_\_\_ If no number, attach copy of permit.
3. Date(s) of Last Inspection(s): \_\_\_\_\_
4. Have you ever been cited for any city, county or state health code violations?    Yes    No  
 If "YES", please explain: \_\_\_\_\_  
 \_\_\_\_\_

**AUTOMOBILE INFORMATION**

(Selections apply to all vehicles)

1. Is there a vehicle maintenance & safety program in operation?    Yes    No
2. Are there any "Hold Harmless" agreements?    Yes    No
3. Does the applicant obtain MVR verification before hiring?    Yes    No



## SCHEDULE

UNIT NUMBER <input style="width: 80px;" type="text"/>		ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE	
Year: _____	Make: _____	Body Type: _____	Length: _____
GVW: _____	Model: _____	V.I.N. _____	Radius: _____
Check One - Mobile Unit is: <input type="checkbox"/> Owner Operated <input type="checkbox"/> Lessor Operated <input type="checkbox"/> Employee Operated			
City, State, Zip where garaged or parked overnight: _____		Purchased New or Used? <input type="checkbox"/> New <input type="checkbox"/> Used	
Purchase Date: _____		Purchase Price: _____	
Did purchase price include customized kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/ A   If "NO", Kitchen customized or MFG date: _____			
Cost to customize or MFG: _____		Describe what was done: _____	
<b>PROTECTION</b>			
Anti Lock Braking System: <input type="checkbox"/> 2 Wheel <input type="checkbox"/> 4 Wheel <input type="checkbox"/> None			
Antitheft Devices: <input type="checkbox"/> Lo-Jack <input type="checkbox"/> Tele Trac <input type="checkbox"/> Basic Alarm - No Tracking <input type="checkbox"/> Other: _____			
For Trailers: Have you installed a Hitch - lock? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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GVW: _____	Model: _____	V.I.N. _____	Radius: _____
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Purchase Date: _____		Purchase Price: _____	
Did purchase price include customized kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/ A   If "NO", Kitchen customized or MFG date: _____			
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NOTE: If there are more vehicles to schedule, please complete the Supplemental Scheduled Vehicles Form.

**GENERAL AUTOMOBILE INFORMATION**

1. Is / Are vehicles ever rented to others?  Yes  No If "YES", Explain: \_\_\_\_\_
2. Does applicant employ drivers under 21?  Yes  No
3. Are driving records checked and ordered on new drivers at or prior to employment?  Yes  No

**DRIVER INFORMATION**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE SCHEDULED VEHICLES AND EMPLOYEES WHO DRIVE THESE VEHICLES OR OWN VEHICLES ON COMPANY BUSINESS.

Driver #	Name Including Address	Date of Birth	Drivers License #	State Licensed

**READ AND SIGN BELOW**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU. INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; In DC, LA, ME, TN VA and WA, Insurance benefits may also be denied)  
 IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE , DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/ SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/ HER KNOWLEDGE.

**APPLICATION MUST BE FULLY COMPLETED AND SIGNED PRIOR TO COVERAGE BEING BOUND.**

PRODUCERS SIGNATURE \_\_\_\_\_ PRODUCERS NAME (Please Print) \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

