

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 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: _____	
PROTECTION			
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			

UNIT NUMBER <input 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: _____	
PROTECTION			
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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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PROTECTION			
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			

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 _____



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