

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Mobile Concessions Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

* Location #1 _____

* Location #2 _____

* Location #3 _____

* Provide details of operations that are conducted at specified locations.

GENERAL INFORMATION

1. Number of years in business? _____

If new, describe prior experience: _____

2. How many mobile concessions (food trucks or trailers) do you own or lease? _____ Owned _____ Leased

3. Type of business (check all that apply):

Hot Truck

Cold Truck

Espresso Vendor

Catering (no food service from the unit)

Food Trailer

Concessionaire

Other (describe): _____

4. Total annual gross sales for all operations: \$ _____ Gross annual sales for food: \$ _____

Gross annual sales for alcohol: \$ _____

5. Total Number of Employees Full Time _____ Part Time _____

6. Operating hours _____ Days of the week _____

7. Where is food preparation conducted? _____

8. How is the public protected from the unit's heat source while the unit is parked? _____

9. Do city codes or ordinances permit cooking conducted outside the vehicle? Yes No

10. Is automobile liability coverage in place? Yes No

a. What limits of insurance are maintained? _____

b. Provide a copy of the automobile liability insurance Declarations page or Certificate of Insurance.

11. Are no smoking signs clearly posted? Yes No

12. Is the unit inspected by the local fire department?? Yes No

Any past violations?..... Yes No

If yes:

a. Provide complete details of all violations _____

b. Verify all deficiencies have been corrected Yes No

COOKING CONTROLS

- 1. Automatic fire extinguishing system over all cooking surfaces?
 - a. Permanent locations: Yes No
 - b. Mobile concessions: Yes No
 - c. Describe service schedule:

2. Type and Number of Cooking Methods: Range ____ Oven ____ Deep Fat Fryer ____ Broiler ____ Grill ____ Other (describe): _____

If there is a deep fat fryer:

- a. What is the distance between the fryer and surface flames in inches? _____
 - b. Are the fryer and surface flames at different horizontal planes? Yes No
 - c. Is there a steel or tempered glass baffle plate in place? Yes No
What is the height of the baffle plate? _____
 - d. Is the fryer equipped with: an independent high-limit control in addition to the adjustable operating control (thermostat)? Yes No
 - (1) Is the high-limit control designed and arranged to shut off the fuel supply, including electrical energy, when the fat temperature reaches more than 475 degrees Fahrenheit 1-inch below the liquid surface? Yes No
 - (2) Are all high-limit controls replaced every three years? Yes No
 - e. Are all oils disposed of in a containment tank on the unit? Yes No
- 3. Service Agreement in place? Yes No
 - 4. Cooking performed under hoods? Yes No
 - a. Service Agreement in place for cleaning ducts? Yes No
 - b. Describe Service Schedule.
 - 5. Number and type of fire extinguishers in unit? _____
 - 6. Was all equipment installed by a certified commercial automobile/truck or truck body manufacturer or certified conversion specialist? Yes No
 - 7. Are all appliances UL or independent testing laboratory approved? Yes No
 - 8. Was all equipment installed according to manufacturers' specifications? Yes No
 - 9. Is solid fuel used for flavoring with gas operated appliances during food preparation? Yes No
 - a. Was a solid fuel holder added to an existing appliance not specifically designed for its use? Yes No
 - b. Is all solid fuel contained in a separate solid fuel holder? Yes No
 - 10. Has any cooking appliance requiring fire protection been moved, modified or rearranged? Yes No
If yes:
 - a. Has an inspection and recertification been performed on the fire extinguishing system? Yes No
 - b. Have units that have been removed for cleaning been inspected to verify appliances have been returned to the original approved design location? Yes No

FUEL SOURCES

Propane:

- 1. Size of propane tank(s): _____
- 2. Where is/are the propane tank(s) located? _____
- 3. What is the expiration date of the tank(s)? _____
- 4. Date the tank(s) were last inspected? _____

Electric (Generator or Direct Current):

- 1. Provide details of appliances and their use: _____
- 2. Where is the generator located? _____
- 3. Quantity and type of fuel stored to power the generator: _____
- 4. Do you have a permit that allows the unit to connect directly to a public/municipal power source? Yes No

If yes:

- a. Are all electrical appliances and accessories properly grounded? Yes No
- b. Are units connected to a surge protection device? Yes No

FOOD TRUCKS N/A

1. Is there interior seating (e.g., double decker bus, interior booth or café tables)? Yes No
2. Are there stairs or elevated risers (permanent or portable)? Yes No
If portable, provide a photo showing how the stairs or risers are secured.
3. Is the unit self-contained?..... Yes No
 - a. If not self-contained, do you maintain a commissary contract? Yes No
 - b. Do employees perform an inspection of all systems before leaving the commissary? Yes No
 - c. How often are the inspections conducted? _____
 - d. Is a checklist completed for all daily inspections? Yes No
 - e. If self-contained, indicate which is included:

<input type="checkbox"/> Fresh water supply	<input type="checkbox"/> Food preparation area	<input type="checkbox"/> Food Storage
<input type="checkbox"/> Gray water disposal tanks	<input type="checkbox"/> Ware washing facilities	<input type="checkbox"/> Chemical storage
<input type="checkbox"/> Garbage disposal	Number of compartments for ware washing facilities: _____	

LIMITS - GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE

COMMERCIAL PROPERTY OTHER THAN FOOD TRUCKS OR TRAILERS

BUILDING INFORMATION

	Loc. 1		Loc. 2		Loc. 3	
CONSTRUCTION:						
YEAR BUILT:						
# OF STORIES:						
TOTAL SQ. FOOTAGE:						
PROTECTION CLASS:						
ALARM	FIRE	THEFT	FIRE	THEFT	FIRE	THEFT
	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station
	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing	____ Wiring ____ HVAC	____ Roof ____ Plumbing	____ Wiring ____ HVAC	____ Roof ____ Plumbing	____ Wiring ____ HVAC

LIMITS & COVERAGE

PROPERTY OTHER THAN FOOD TRUCKS OR TRAILERS INCLUDING BPP PERMANENTLY MOUNTED OR STORED IN THESE VEHICLES

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	Loc 1	Loc 2	Loc 3
BUILDING	___%	\$ _____	<input type="checkbox"/> Basic <input type="checkbox"/> Special	\$ _____	\$ _____	\$ _____
BPP	___%	\$ _____		\$ _____	\$ _____	\$ _____
BUSINESS INCOME	Coinsurance %: ___% or Monthly Limit Amount \$ _____			\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____				

INLAND MARINE – MISCELLANEOUS PROPERTY (COINSURANCE IS 100%)

Miscellaneous Scheduled Property Information:

VIN NUMBER FOR TRUCK OR TRAILER #1: _____
VIN NUMBER FOR TRUCK OR TRAILER #2: _____
VIN NUMBER FOR TRUCK OR TRAILER #3: _____

SCHEDULED PROPERTY – DESCRIPTION AND LIMITS

TRUCK #	DESCRIBED ITEM	Manufacturer (If Applicable)	SERIAL # (If Applicable)	LIMIT

COVERAGE: Cause of Loss: Basic Special Deductible (per loss): \$ _____

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
			\$	\$
			\$	\$
			\$	\$

LOSS HISTORY (LAST THREE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____	\$	\$
		_____	\$	\$
		_____	\$	\$

Has the applicant been cancelled or non-renewed in the last three years? Yes No
 If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date