



International Property & Casualty Brokers of NV, Inc.

P.O. Box 1150, Gardnerville, NV 89410

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# FOOD DELIVERY AUTO INSURANCE APPLICATION

Agent: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

## A. GENERAL

Applicant's Name (Including DBA): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

1. Applicant is:  Independent or  a Franchisee Franchise Name: \_\_\_\_\_

2. Applicant is:  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_

3. Years' operating in your current business name: \_\_\_\_\_

4. Number of years your business has done deliveries: \_\_\_\_\_

5. Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years?  Yes  No If yes, please explain: \_\_\_\_\_

6. Is your business a subsidiary of another entity or does your business have any subsidiaries?  Yes  No  
If yes, provide details: \_\_\_\_\_

7. Total number of locations: \_\_\_\_\_

8. Total number of locations with delivery: \_\_\_\_\_

9. Do you want coverage for non-delivery locations?  Yes  No

10. What are the operations for non-delivery locations? \_\_\_\_\_

11. List complete addresses for all stores to be scheduled on the policy or attach Acord Application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. COVERAGES REQUESTED

Hired and Non-Owned Liability Limits:  \$100,000  \$300,000  \$500,000  \$1,000,000  \$1,500,000  \$2,000,000

Excess Auto Liability (Available only if you have underlying non-owned and hired auto coverage with a different A rated carrier. \$2,000,000 maximum available).

Do you want excess coverage for Owned autos?  Yes  No If so, how many autos do you own? \_\_\_\_\_

Name of the primary insurance company: \_\_\_\_\_

Limit of Liability afforded on the primary policy \$ \_\_\_\_\_ What excess limit would you like? \$ \_\_\_\_\_

## C. OPERATIONS

1. Product Delivered:  Pizza  Asian Food  Subs/Sandwiches  Food Courier:  Other:

2. Number of Drivers (Employed and Contracted) \_\_\_\_\_

Operations History	Dates	Total Annual Receipts	Total Annual Receipts From Food Deliveries	Total Number Of Deliveries Annually
Projected This Year				
Most Recent Year				

4. What is the minimum age of drivers delivering food? \_\_\_\_\_

5. Do all of your drivers have at least two years driving experience? \_\_\_\_\_

6. Do you advertise a guaranteed delivery time frame?  Yes  No If so, how fast? \_\_\_\_\_ minutes

A. What are the consequences if it is not met? \_\_\_\_\_

B. Provide a copy of the advertisement.

7. Do you forbid drivers to be accompanied by passengers other than your employees?  Yes  No

## FOOD DELIVERY AUTO INSURANCE APPLICATION

8. Do you charge extra for deliveries?  Yes  No If so, how much do you charge? \$\_\_\_\_\_
9. Are all autos driven inspected regularly to meet the state's safety requirements?  Yes  No
10. Do you have a Driver Safety Program?  Yes  No If yes, please provide a copy.
11. Are you a food courier (deliver food of other restaurants)?  Yes  No

If yes, answer the following:

- A. What are your gross food sales? (The amount your customer pays) \$\_\_\_\_\_
- B. What percentage of food sales do you retain? \_\_\_\_\_%
- C. What is your delivery fee? \$\_\_\_\_\_
- D. How many deliveries are made per week? \_\_\_\_\_
- E. How many drivers are contracted and employed? \_\_\_\_\_

### D. PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)

Policy Dates	Insurance Carrier	Policy #	Premium	#	*Total Auto Liability Claims	Cancelled or Non-Renewed? (Reason)
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	

\*5 Years of loss runs are required, please attach. Please also describe any loss over \$25,000:

### E. AGREEMENTS AND SIGNATURES

**APPLICANT:** I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.

**FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

### F. SPECIAL COVERAGE RESTRICTION

I have read the endorsement called **WARRANTY OF RECORDS, RECORD KEEPING AND DRIVER REQUIREMENTS** and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of the **WARRANTY OF RECORDS, RECORD KEEPING AND DRIVER REQUIREMENTS** endorsement. Refer to **Endorsement CA-IPC101 (05/19)**.

Applicant's Signature _____	Producer's Signature _____
Date _____	Date _____