



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:



International Property & Casualty Brokers of NV, Inc.

P.O. Box 1150, Gardnerville, NV 89410

Phone: (775)782-6655 Fax: (775)782-6654 www.ipc-nv.com

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) _____

3. 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 INSUREDS: 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 _____