



## *Agent Information*

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

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
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**COMMERCIAL PROPERTY OTHER THAN FOOD TRUCKS OR TRAILERS**

**BUILDING INFORMATION**

	Loc. 1		Loc. 2		Loc. 3	
<b>CONSTRUCTION:</b>						
<b>YEAR BUILT:</b>						
<b># OF STORIES:</b>						
<b>TOTAL SQ. FOOTAGE:</b>						
<b>PROTECTION CLASS:</b>						
<b>ALARM</b>	<b>FIRE</b>	<b>THEFT</b>	<b>FIRE</b>	<b>THEFT</b>	<b>FIRE</b>	<b>THEFT</b>
	<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
<b>YEAR OF LATEST UPDATE</b>	____ Roof    ____ Wiring ____ Plumbing    ____ HVAC	____ Roof    ____ Wiring ____ Plumbing    ____ HVAC	____ Roof    ____ Wiring ____ Plumbing    ____ HVAC	____ Roof    ____ Wiring ____ Plumbing    ____ HVAC	____ Roof    ____ Wiring ____ Plumbing    ____ HVAC	____ Roof    ____ Wiring ____ Plumbing    ____ 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, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida**

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

**Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: 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.

### **Massachusetts, Nebraska, Vermont:**

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: 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.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

### **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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the

right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date