

GENERAL INFORMATION Agent: _____ Proposed Effective Date: _____

Applicant's Name (Including DBA): _____

Contact Person: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website (required): _____

OPERATION INFORMATION

1. Applicant is: Individual Partnership Corporation LLC Other: _____

2. Applicant is: Independent or a Franchisee Franchise Name: _____

3. Does the franchiser request they be named as an Additional insured? Yes No

Provide the Additional Insured exact name: _____

Address: _____

4. Number of years you have owned the business: _____

5. Number of years you have done deliveries for the locations listed: _____

6. 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: _____

7. Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No

If yes, please provide details: _____

8. Total number of locations: _____

9. Total number of locations with delivery: _____

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

11. What are the operations for non-delivery locations?: _____

12. List complete addresses for all locations to be scheduled on the policy. Attach extra page if there are more than five:

	NO DELIVERY?	DELIVERY RECEIPTS?	ADDRESS
1.	<input type="checkbox"/>	\$	
2.	<input type="checkbox"/>	\$	
3.	<input type="checkbox"/>	\$	
4.	<input type="checkbox"/>	\$	
5.	<input type="checkbox"/>	\$	

COVERAGES REQUESTED

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

Excess Auto Liability (Available only if there is an underlying policy placed with a Best Rated A-VII or better carrier. \$1,500,000 maximum available.)

a. Do you want excess coverage for Owned autos? Yes No If so, how many autos do you own? _____

b. **Provide detailed schedule of vehicles**

c. Is primary policy an auto policy or a general liability policy with HNOA included? Auto General Liability

d. Name of the primary insurance company: _____

e. Limit of Liability afforded on the primary policy \$: _____ Preferred Excess Limit: \$ _____

OPERATIONS FOR ALL LOCATIONS

1.	OPERATIONS HISTORY	DATES	TOTAL ANNUAL RECEIPTS	TOTAL ANNUAL DELIVERY RECEIPTS	TOTAL NUMBER OF DELIVERIES ANNUALLY
	PROJECTED THIS YEAR				
	MOST RECENT YEAR				

2. Products Delivered: Pizza Subs/Sandwiches Catering Grocery Meal Kit
 Liquor Full Menu Restaurant Food Courier Ghost Kitchen Other: _____

3. Number of Drivers (Employed and Contracted): _____

4. What is the minimum age of drivers delivering food?: _____

5. How many of the drivers are over 21 years of age?: _____

6. Do all of our drivers have at least two years driving experience? Yes No

7. Do you subscribe to an MVR service that monitors MVR's year-round and provides real time updates? Yes No

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

9. Are all autos driven inspected regularly to meet the state's safety requirements? Yes No

10. What are the hours of operations?: _____

11. Do you charge extra for deliveries?: Yes No

12. Do you advertise a guaranteed delivery time frame? *(Estimated time of delivery is not a guarantee)* Yes No

a. If Yes, how fast?: _____ minutes

b. What are the consequences if it is not met?: _____

c. Provide a copy of the advertisement.

13. Provide your company's processes and procedures in reference to delivery such as driver onboarding/training, meeting frequency, reward and penalty systems, Driver Safety Program, etc.

14. 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?: _____

15. Additional Notes: _____

PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE *(Add additional sheets if necessary)*

POLICY DATES	INSURANCE CARRIER	POLICY #	PREMIUM	*TOTAL AUTO LIABILITY CLAIMS	CANCELLED OR NON-RENEWED? (REASON)
				#	
				#	
				#	
				#	
				#	

*5 years Loss Runs are required, please attach. Please also describe any open claims: _____

APPLICATION MUST BE SIGNED ON FINAL PAGE

CLAIM FRAUD WARNINGS

General Fraud Warning: 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.

The fraud warnings listed below are applicable in the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, ID, IN, KY, LA, ME, MD, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, UT, VA, WA, and WV. Please review the appropriate fraud warning relevant to the state that you reside in prior to submitting your claim.

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

Alaska: Any 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.

Arkansas: 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: 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.

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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A 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.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Louisiana: 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.

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

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 RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information 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: APPLICABLE TO AUTO CLAIMS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

New York: APPLICABLE TO HOME CLAIMS – 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 and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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.

Rhode Island: 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.

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

Texas: Any person who knowingly presents a 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.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only

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

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 denial of insurance benefits.

West Virginia: 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.

AGREEMENT

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. THE APPLICATION ALONE DOES NOT BIND COVERAGE.

Digital signatures, e-signatures, and DocuSign require the certificates of completion in order to be accepted.

Applicant's Signature: _____

PRINT Applicant Name: _____

Applicant Title: _____

Date: _____

Agent's Signature: _____

PRINT Agent's Name: _____

Agent's Email/Phone #: _____

Date: _____