

FOOD DELIVERY APPLICATION FOR EXCESS COMMERCIAL AUTO LIABILITY

1. NAMED INSURED & MAILING ADDRESS: FEIN #: _____ <input type="checkbox"/> See ACORD Application <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORP. <input type="checkbox"/> PART. <input type="checkbox"/> OTHER:	2. LOCATION ADDRESS (If different from mailing): <input type="checkbox"/> See ACORD Application Phone #: () _____
COVERAGE REQUESTED: <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned <input type="checkbox"/> Owned <input type="checkbox"/> Excess of driver's insurance policy. <input type="checkbox"/> Excess of a primary policy held by this Applicant. Primary Limit: _____ Primary Carrier: _____	LIMIT OF LIABILITY: <input type="checkbox"/> \$100,000. CSL <input type="checkbox"/> \$500,000. CSL <input type="checkbox"/> \$1,500,000. CSL <input type="checkbox"/> \$300,000. CSL <input type="checkbox"/> \$1,000,000. CSL <input type="checkbox"/> \$2,000,000. CSL <input type="checkbox"/> Excess limits up to \$5,000,000. CSL Requested Effective Date: _____

OPERATION DELIVERS: Pizza Sandwiches Chinese Food Other: _____

Applicant is: Independent Franchise of: _____

Number of years in business: _____ Number of years experience: _____

Annual Delivery Receipts Last Year:	\$	
Annual Delivery Receipts Coming Year:	\$	
Total Annual Receipts:	\$	
Total Number of Owned Vehicles:	#	

Prior Carrier:	
Limit:	
Ded/SIR:	
Premium:	

Number of Locations: One, shown above, OR # _____ listed below:

Three Years Loss History for Hired & Non-owned Auto: _____

Three Years Loss History for Owned Autos: _____

DRIVER QUALIFICATIONS: What auto liability limits are the drivers required to maintain? _____

Do you have driver requirements: NO YES (ATTACH COPY)
 Do you have a driver safety program: NO YES (ATTACH COPY)

APPLICANT AGREES TO THE FOLLOWING DRIVER CRITERIA:

- Driver's MVR's are checked at least every six months and at initial hire to confirm eligibility under insurance policy.
- Driver's auto liability insurance is checked at least every six months and at initial hire to confirm at least minimum financial responsibility limits are held and current.
- All vehicles driven on behalf of the Insured meet the state's safety requirements.
- Driver must be at least 18 & with a minimum 2 years U.S. driving experience.
- Driver must have no more than two moving violations in 24 months and one at fault accident.
- No major traffic citations or incidents in the past 5 years or the maximum motor vehicle record history provided by the state of licensure if less than 5 years.

I UNDERSTAND THAT I MAY ONLY EMPLOY A DRIVER THAT MEETS THE ABOVE DRIVER CRITERIA.

DATE: _____ SIGNATURE: _____ :APPLICANT