



Agent Information

Agent:

Agency Code:

Contact:

Phone:

Email:

New Renewal

Policy Number:



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) _____

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 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 _____
Date _____

Producer's Signature _____
Date _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WARRANTY OF RECORDS, RECORD KEEPING
AND DRIVER REQUIREMENTS**

As a condition precedent to the acceptance of this insurance, you warrant that:

1. You maintain in your records for each driver using a covered "auto" on your behalf:
 - a. An automobile driving record as published by any prospective driver's home state within ninety (90) days before the date that driver first drives on your behalf, and updated by you at least every six (6) months; or
 - b. An automobile driving record published by any current driver's home state within the last six (6) months and updated by you at least every six (6) months; and
 - c. A copy of a valid automobile driver's license; and,
 - d. A copy of the insurance identification card for any covered "auto" you do not own, hire or borrow.
2. You maintain the records identified in Paragraph 1 above **FOR A PERIOD OF 3 YEARS** following the later of the expiration of the policy period or anniversary date of the policy.
3. No driver will use a covered "auto" on your behalf:
 - a. Unless the driver is either:
 - (1) at least eighteen (18) years of age with a minimum of two years driving experience if the driver is not delivering alcoholic beverages on your behalf; or
 - (2) at least twenty-one (21) years of age with a minimum of two years driving experience if the driver is delivering alcoholic beverages on your behalf;

AND

- b. If that driver has any one of the following citations, violations, at fault accidents, or combinations thereof:
 - (1) More than two moving violations and one at fault accident or more than one at fault accident within thirty-six (36) months;
 - (2) Any major traffic citations within sixty (60) months prior to the inception of the policy period. Major traffic citations are as follows:
 - (a) Driving under the influence;
 - (b) Driving while impaired;
 - (c) Driving in possession of alcohol or drugs;

- (d) Refusal to submit to a blood, urine or breath test;
- (e) Driving with a suspended or revoked license;
- (f) A felony in which any vehicle is used (i.e. vehicular manslaughter, vehicular homicide, vehicular assault, hit and run, or eluding a police officer);
- (g) Reckless or careless driving, but only if considered a major violation in the state;
- (h) Driving 25 mph or more over the posted speed limit; speed contest; racing.

4. If you become aware during the policy period that a driver has been charged with any citation listed in paragraph 3.b.(2) above, you will suspend such driver's permission to drive a covered "auto" on your behalf.
5. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time.

Failure to comply with any of the above warranties shall void the coverage of this policy for all insureds with respect to such driver involved in an "accident" while driving on your behalf.

I have read this WARRANTY OF RECORDS AND RECORD KEEPING in its entirety and agree on behalf of all insureds, to comply with all of its terms and conditions:

Signature of Insured or Officer of Insured Entity	Title
Print Name	Date

The insured's failure to sign does not invalidate this endorsement.

All other terms and conditions of this Policy remain unchanged.