

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:

☐ Fresh water supply

☐ Food preparation area

☐ Food Storage

☐ Gray water disposal tanks

☐ Ware washing facilities

☐ Chemical storage

☐ 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	
CONSTRUCTION:						
YEAR BUILT:						
# OF STORIES:						
TOTAL SQ. FOOTAGE:						
PROTECTION CLASS:						
ALARM	FIRE	THEFT	FIRE	THEFT	FIRE	THEFT
	<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
YEAR OF LATEST UPDATE	____ Roof ____ Plumbing	____ Wiring ____ HVAC	____ Roof ____ Plumbing	____ Wiring ____ HVAC	____ Roof ____ Plumbing	____ Wiring ____ 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