



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

**Mobile Food Truck Supplemental Application** (Attach completed ACORD 125 and 126)

1. Named Insured:

DBA:

COVERAGE DESIRED:

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Inland Marine * (MOBILE CATERING COVERAGE FORM, Personal Property | \$5,000                  | \$10,000                 | \$15,000                 |
|  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Included: Food   | \$5,000                  | \$5,000                  | \$5,000                  |
| Spoilage Theft of Money  | \$1,000                  | \$1,000                  | \$1,000                  |
| Business Income  | \$10,000                 | \$10,000                 | \$10,000                 |

**\*Inland Marine coverage only available when written with General Liability Coverage Part as a package.**

Description of Operations: Enter "X" in Applicable Box

1. Type of Operations:  Hot Truck  Cold Truck  Espresso Vendor  Catering  Food Trailer  
 Other \_\_\_\_\_

INDICATE PROJECTED ANNUAL RECEIPTS \$ \_\_\_\_\_

2. Type of Food Served: \_\_\_\_\_

Do you sell Alcohol or Tobacco Products?  Yes  No If YES, refer to company underwriter.

3. Year Business Started: \_\_\_\_\_ If less than 3 years old, # of years experience in Food Industry: \_\_\_\_\_

Describe experience: \_\_\_\_\_

4. Applicant is an:  Independent Owner Operator  Other (please describe): \_\_\_\_\_

5. Days in Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

6. Name of Commissary: \_\_\_\_\_ Phone: \_\_\_\_\_

7. Address of Commissary: \_\_\_\_\_

8. Is or are vehicle(s) garaged at this location overnight?  Yes  No

If "NO", are vehicles kept at a secure location with adequate key control?

Fire Protection: (Hot Trucks Only)

1. Is there an automatic fire extinguishing system?  Yes  No

If "NO", explain: \_\_\_\_\_

2. If "YES", does it protect the following? (check all that apply)  Cooking  Goods  Deep Fat Fryer

3. Surfaces Number of Fire Extinguishers: \_\_\_\_\_ ABC Class (Combustibles-Flamables- \_\_\_\_\_ Class K (Oils-Grease)

Electrical) Compliance with State & Local Permits Requirements:

1. Do all the operations to be insured under this policy have valid Mobile Food Vendor Permit(s)?  Yes  No

2. Permit Number(s): \_\_\_\_\_ If no number, attach copy of permit.

3. Date(s) of Last Inspection(s): \_\_\_\_\_

4. Have you ever been cited for any city, county or state health code violations?  Yes  No

If "YES", please explain: \_\_\_\_\_

**AUTOMOBILE INFORMATION**

(Selections apply to all vehicles)

1. Is there a vehicle maintenance & safety program in operation?  Yes  No

2. Are there any "Hold Harmless" agreements?  Yes  No

3. Does the applicant obtain MVR verification before hiring?  Yes  No

**SCHEDULE**

UNIT NUMBER  ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body Type: \_\_\_\_\_ Length: \_\_\_\_\_  
GVW: \_\_\_\_\_ Model: \_\_\_\_\_ V.I.N. \_\_\_\_\_ Radius: \_\_\_\_\_  
Check One - Mobile Unit is:  Owner Operated  Lessor Operated  Employee Operated  
City, State, Zip where garaged or parked overnight: \_\_\_\_\_ Purchased New or Used?  New  Used  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Did purchase price include customized kitchen? Yes No N/A If "NO", Kitchen customized or MFG date: \_\_\_\_\_  
Cost to customize or MFG: \_\_\_\_\_ Describe what was done: \_\_\_\_\_  
PROTECTION  
Anti Lock Braking System:  2 Wheel  4 Wheel  None  
Antitheft Devices:  Lo-Jack  Tele Trac  Basic Alarm - No Tracking  Other: \_\_\_\_\_  
For Trailers: Have you installed a Hitch - lock?  Yes  No

UNIT NUMBER  ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body Type: \_\_\_\_\_ Length: \_\_\_\_\_  
GVW: \_\_\_\_\_ Model: \_\_\_\_\_ V.I.N. \_\_\_\_\_ Radius: \_\_\_\_\_  
Check One - Mobile Unit is:  Owner Operated  Lessor Operated  Employee Operated  
City, State, Zip where garaged or parked overnight: \_\_\_\_\_ Purchased New or Used?  New  Used  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Did purchase price include customized kitchen? Yes No If "NO", Kitchen customized or MFG date: \_\_\_\_\_  
Cost to customize or MFG: \_\_\_\_\_ Describe what was done: \_\_\_\_\_  
PROTECTION  
Anti Lock Braking System:  2 Wheel  4 Wheel  None  
Antitheft Devices:  Lo-Jack  Tele Trac  Basic Alarm - No Tracking  Other: \_\_\_\_\_  
For Trailers: Have you installed a Hitch - lock?  Yes  No

UNIT NUMBER  ENTER "X" IN APPLICABLE BOX AND ANSWER ALL QUESTIONS PER VEHICLE  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body Type: \_\_\_\_\_ Length: \_\_\_\_\_  
GVW: \_\_\_\_\_ Model: \_\_\_\_\_ V.I.N. \_\_\_\_\_ Radius: \_\_\_\_\_  
Check One - Mobile Unit is:  Owner Operated  Lessor Operated  Employee Operated  
City, State, Zip where garaged or parked overnight: \_\_\_\_\_ Purchased New or Used?  New  Used  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
Did purchase price include customized kitchen?  Yes  No If "NO", Kitchen customized or MFG date: \_\_\_\_\_  
Cost to customize or MFG: \_\_\_\_\_ Describe what was done: \_\_\_\_\_  
PROTECTION  
Anti Lock Braking System:  2 Wheel  4 Wheel  None  
Antitheft Devices:  Lo-Jack  Tele Trac  Basic Alarm - No Tracking  Other: \_\_\_\_\_  
For Trailers: Have you installed a Hitch - lock?  Yes  No

NOTE: If there are more vehicles to schedule, please complete the Supplemental Scheduled Vehicles Form.

**GENERAL AUTOMOBILE INFORMATION**

1. Is / Are vehicles ever rented to others?  Yes  No If "YES", Explain: \_\_\_\_\_
- 
2. Does applicant employ drivers under 21?  Yes  No
3. Are driving records checked and ordered on new drivers at or prior to employment?  Yes  No

**DRIVER INFORMATION**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE SCHEDULED VEHICLES AND EMPLOYEES WHO DRIVE THESE VEHICLES OR OWN VEHICLES ON COMPANY BUSINESS.

| Driver # | Name Including Address | Date of Birth | Drivers License # | State Licensed |
|----------|------------------------|---------------|-------------------|----------------|
|          |                        |               |                   |                |
|          |                        |               |                   |                |
|          |                        |               |                   |                |
|          |                        |               |                   |                |
|          |                        |               |                   |                |

**READ AND SIGN BELOW**

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU. INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; In DC, LA, ME, TN VA and WA, Insurance benefits may also be denied)  
 IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE , DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR ANY APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/ SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/ HER KNOWLEDGE.

**APPLICATION MUST BE FULLY COMPLETED AND SIGNED PRIOR TO COVERAGE BEING BOUND.**

PRODUCERS SIGNATURE \_\_\_\_\_ PRODUCERS NAME (Please Print) \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_