

# FOOD TRUCK RENEWAL APPLICATION

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Insured Named: \_\_\_\_\_ Policy No.: \_\_\_\_\_

## DESCRIPTION OF OPERATIONS:

Number of trucks being operated: \_\_\_\_\_ Type of food/beverage being sold: \_\_\_\_\_

Are any services provided through a permanently established restaurant or retail location under the same entity? ☐ YES ☐ NO

Receipts from Sales of Food & Beverage: Last 12 months: \_\_\_\_\_ Next 12 months: \_\_\_\_\_

Have there been any changes to the operations since the last policy term? ☐ YES ☐ NO

If yes, please indicate: \_\_\_\_\_

Any liquor sales or any catering? ☐ YES ☐ NO

If yes, then confirming the following:

- Is there an automatic wet chemical extinguishing system in place? ☐ YES ☐ NO
- Is there a semi-annual maintenance contract in place for the wet chemical extinguishing system? ☐ YES ☐ NO
- Is there a class K fire extinguisher? ☐ YES ☐ NO

## PROPERTY COVERAGE *(This policy will not cover the automobile itself. Property wording includes a locked vehicle warranty.)*

Property – Limit: \_\_\_\_\_ (Equipment and Stock including equipment attached to automobile)

### Equipment and stock shall mean the following:

- Cooking equipment including oven, rotisserie for grilling, and/or deep fat fryer
- Refrigeration equipment including fridge, and/or freezer
- Extraction hood
- Cash Register including any point of sales equipment
- Food stock items

## PLEASE SELECT LIMIT OF LIABILITY AND NON-OWNED AUTO COVERAGE REQUIRED:

CGL Limit: ☐ \$1 million ☐ \$2 million ☐ \$5 million NOA Limit: ☐ \$1 million ☐ \$2 million ☐ \$5 million

## CYBER:

Do you collect/retain any sensitive data (for example: bank account details, social insurance numbers)? ☐ YES ☐ NO

Do you have anti-virus deployed across your network? ☐ YES ☐ NO

Are firewalls deployed at all endpoints? ☐ YES ☐ NO

Are you compliant with Payment Card Industry Data Security Standards (PCI DSS)? ☐ YES ☐ NO

Cyber Limits required: ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 (Max \$25,000 for Failure of Security)

Current Carrier: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## CLAIMS:

Has any insurance company declined or cancelled coverage? ☐ YES ☐ NO

Has the risk had any other losses, insured otherwise, in the past 5 years? ☐ YES ☐ NO

## DECLARATION / CONSENT

**PLEASE READ BEFORE SIGNING:** A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

**NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.**

Applicant's Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Brokerage Name: \_\_\_\_\_

Broker AGT#: \_\_\_\_\_

Broker Email: \_\_\_\_\_

Broker Phone: \_\_\_\_\_

*Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).*

**\*\* Email application and attachments to - [processingcommercial@premiergroup.ca](mailto:processingcommercial@premiergroup.ca) \*\***

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