

# FOOD DELIVERY APPLICATION FOR EXCESS COMMERCIAL AUTO LIABILITY

<b>1. NAMED INSURED &amp; MAILING ADDRESS:</b>  <input type="checkbox"/> See Accord Application <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORP. <input type="checkbox"/> PART. <input type="checkbox"/> OTHER: _____	<b>2. LOCATION ADDRESS (If different from mailing):</b>  <input type="checkbox"/> See Accord Application      PHONE NO.: (    ) _____
<b>TYPE OF COVERAGE SOUGHT:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned <input type="checkbox"/> Owned	<b>REQUESTED EFFECTIVE DATE:</b> _____
<b>LIMIT OF LIABILITY</b> <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"/> _____	<b>Need a Quote:</b> <input type="checkbox"/> Excess of driver's insurance policy. <input type="checkbox"/> Excess of a primary policy held by this Applicant. <b>Primary Limit:</b> _____ <b>Primary Carrier:</b> _____

OPERATION DELIVERS:  Pizza                       Chinese Food                       Other \_\_\_\_\_

Applicant is an:  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: \_\_\_\_\_

# of Full Time Drivers: \_\_\_\_\_                      # of Part Time Drivers: \_\_\_\_\_

Number of Locations:  One, Shown Above, OR  # \_\_\_\_\_ listed below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Five (5) Years Loss History for Hired and Non-owned Auto:** \_\_\_\_\_

**Five (5) 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 36 months and one at fault accident.
- No major traffic citations or incidents.

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

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  APPLICANT