



FOOD DELIVERY APPLICATION FOR EXCESS COMMERCIAL AUTO LIABILITY

1. NAMED INSURED & MAILING ADDRESS: FEIN #: _____ ± See ACORD Application ± INDIVIDUAL ± CORP. ± PART. ± OTHER:	2. LOCATION ADDRESS (If different from mailing): ± See ACORD Application Phone #: () _____
COVERAGE REQUESTED: ± Hired ± Non-Owned ± Owned ± Excess of driver's insurance policy. ± Excess of a primary policy held by this Applicant. Primary Limit: Primary Carrier:	LIMIT OF LIABILITY: ± \$100,000. CSL ± \$500,000. CSL ± \$1,500,000. CSL ± \$300,000. CSL ± \$1,000,000. CSL ± \$2,000,000. CSL ± Excess limits up to \$5,000,000. CSL Requested Effective Date:

OPERATION DELIVERS: ± Pizza ± Sandwiches ± Chinese Food ± Other: _____

Applicant is: ± 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:	_____

Number of Locations: ± One, shown above, OR ± # _____ listed below:

Three Years Loss History for Hired & Non-owned Auto: _____
Three 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:

- i Driver's MVR's are checked at least every six months and at initial hire to confirm eligibility under insurance policy.
- i 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.
- i All vehicles driven on behalf of the Insured meet the state's safety requirements.
- i Driver must be at least 18 & with a minimum 2 years U.S. driving experience.
- i Driver must have no more than two moving violations in 24 months and one at fault accident.
- i No major traffic citations or incidents in the past 5 years or the maximum motor vehicle record history provided by the state of licensure if less than 5 years.

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

DATE: _____ SIGNATURE: _____ **APPLICANT**