



GROUP ONE INSURANCE SERVICES

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CHIP WAGON / HOT DOG CART / FOOD VENDOR APPLICATION

BROKERAGE:

Broker contact: _____ Phone No.: _____
 Email address: _____ Fax No.: _____

INSURED: Individual Partnership Corporation Joint Venture

Full Legal Name of Applicant: _____

Operating Name: _____

Mailing Address: _____

Risk Location: _____

Operation of Applicant: _____ Annual Seasonal

Principal Owner: _____ Website Address: _____

Insured is: Owner Since when _____ Tenant Landlord's Name: _____

Landlord Address: _____

Is the landlord to be added as an additional Insured on binding? Yes No

Loss Payee / Mortgagee / Additional Insured (include address below):

1. _____

2. _____

INSURANCE EXPERIENCE: New Business Renewal

Existing Insurer: _____ Target Premium Required: _____

Renewal Offered: Yes No If not, why? _____

Have you had any insurance refused or cancelled within the past 5 years? Yes No

If yes, please explain: _____

LIST OF ALL CLAIMS OR ANY OTHER CIRCUMSTANCES, INCIDENTS OR FACTS WHICH MAY GIVE RISE TO A CLAIM AGAINST YOU, THAT HAVE OCCURRED IN THE PAST 5 YEARS:

Date of Loss	Details of Loss	Amount Paid/Reserve	Open/Closed

If previous losses/claims have occurred, please advise the steps taken to prevent a re-occurrence?

COVERAGE REQUESTED

Section 1 – Property

Section 2 – Commercial General Liability

SECTION 1 - PROPERTY

Risk is Truck Trailer Cart/Wagon Permanent Structure
 Mobile, explain: _____

of Stories: _____ Year Built: _____ Model # _____ Square Footage: _____

Adjacent Exposure: Strip Plaza Parking Lot Park Other _____

Walls: Frame Masonry Alum. Siding Others: _____

Floor: Concrete Wood Joist Wood Others: _____

Roof: Wood Joist Steel Deck Concrete Patent Others: _____

Heating: Gas Electric Oil Combination Furnace Wood Stove Others: _____

Electrical: Fuses: _____ Circuit Breakers: _____

Year Updated: Heating: _____ Plumbing: _____
 Electrical: _____ Roof: _____

Is the risk alarmed? _____

Fire Protection: Fire hydrant within 300 metres/1000 feet Fire Hall within 8km Unprotected
 Paid Volunteer Distance to Responding Fire Department: _____
 Sprinklered: Yes No Smoke Detectors: Yes No

Is the cooking area equipped with an automatic fire extinguisher system (CO2)? Yes No Wet Dry

Is fire extinguishers on premises? Yes No

Is there a maintenance contract in place? Yes No

Do you have any flammable/combustible liquids on premises? Yes No

If yes, how much: _____

On premises and how is it store: _____

SECTION 2 – COMMERCIAL GENERAL LIABILITY

Operations: Chip Wagon Hot Dog Cart / Food Vendor, type: _____

Days of Operation: From: _____ To: _____

Type of food products sold: _____

Number of years business established: _____ Experience of Principal/Partners: _____

Total number of employees: _____ Full Time: _____ Part Time: _____

Are all of the employees covered by Worker’s Compensations? Yes No

If no, please provide details: _____

Has the insured had any food or health violations? Yes No

If yes, provide details: _____

Do you maintain an incident log? Yes No

How long is the log kept and by whom: _____

GROSS RECEIPTS DECLARATION:

	Annual Gross Receipt	Projected Gross Receipt
Food Sales	\$	\$
Other Sales	\$	\$
	\$	\$
Total Receipts:	\$	\$

LIMITS OF INSURANCE

Coverage:- <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils	Deductible	Co-Ins	Limit of Insurance
Equipment <input type="checkbox"/> ACV <input type="checkbox"/> RC		80%/90%	\$
Profits Form		100%	\$
Gross Earnings		100%	\$
Liability – Occurrence Form <input type="checkbox"/> CGL <input type="checkbox"/> OLT		-	\$
Other Coverage			

BROKER DECLARATION

Is this account NEW to your office? Yes No If no, how long have you known the applicant? _____

Is the applicant financially sound? Yes No Have you personally seen this property? Yes No

Do you recommend this applicant? Yes No Is the property for sale? Yes No

Comments: _____

I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

Signature of Producer/Account Executive: _____ Date: _____

Print Name of Broker/Producer & Brokerage: _____

DISCLAIMER

Consumer and previous insurer reports containing personal, credit, factual, or investigate information about the applicant may be sought in connection with this Application for insurance or any renewal, extension, or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of insurance.

The policy may be deemed to be void and claims may be denied where:

1. An applicant for a contract:
 - a) Provides false or erroneous information to the prejudice of the insurer; or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
2. The insured contravenes a term of the Contract or commits a fraud; or
3. The insured willfully makes a false statement in respect of a claim under the Contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT BETWEEN THE INVOLVED PARTIES.

Signature of Applicant: _____

Date: _____

Title of Applicant: _____

Broker's Signature: _____

Date: _____