



## GROUPONE 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 ☐ NoIs the cooking area equipped with an automatic fire extinguisher system (CO2)? ☐ Yes ☐ No ☐ Wet ☐ DryIs fire extinguishers on premises? ☐ Yes ☐ NoIs there a maintenance contract in place? ☐ Yes ☐ NoDo 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	\$	\$
	\$	\$
<b>Total Receipts:</b>	\$	\$

**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: \_\_\_\_\_