

**Red Shield Insurance Company®**9755 SW Barnes Road, Suite 390  
Portland, OR 97225-6627800.527.7397 • 503.226.4146  
submissions@redshield.com**FOOD VENDOR APPLICATION****APPLICANT INFORMATION**

<b>Policy No.:</b>	<b>Proposed Effective and Expiration Date</b> From: To:	<b>Is Business Seasonal?</b> Yes No	<b>Agent Code:</b>
<b>Business Name:</b>		<b>Agent Name:</b>	
<b>DBA:</b>		<b>Agent Address:</b>	
<b>Mailing Address:</b>		<b>Agent's Phone No.:</b>	
<b>Type of Business</b> Individual Corporation LLC/LLP Joint Venture Partnership Other _____			
<b>Applicant's Website:</b>			
<b>Applicant Information</b> Individual Name:  Contact Phone:		<b>Billing Status:</b> Agency Bill Direct Bill (Direct Bill requires full premium or installment plan)  Company Installment Plan Requested? Yes No <b>If YES,</b> 8 Pay 10 Pay (20% Down Payment Required)	
<b>Years in Business:</b>		<b>Years of Commercial Cooking Experience:</b>	
<b>Any other business owned by the applicant?</b> Yes No If yes, provide name of business and description of operation:			
<b>Any other operations performed by the entity listed as named insured?</b> Yes No If yes, please describe:		<b>If yes, are these operations insured elsewhere?</b> Yes No	

**PREMISES INFORMATION – PLEASE DESCRIBE ANY PERMANENT OR SEMI-PERMANENT LOCATIONS**

Loc #	ADDRESS:	USAGE AT LOCATION			SEATING AVAILABLE?		TABLE SERVICE?	
		Seasonal	Yes	No	Yes	No	Yes	No
		Seasonal	Yes	No	Yes	No	Yes	No
		Seasonal	Yes	No	Yes	No	Yes	No
<b>Does the cart ever leave this location?</b> Yes No If yes, please describe:								

## PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION

What is the territory of operations (city, state)?			Number of Events?		
Description of Operations:	Motorized Food Service Vehicle			Trailer or Semi-Trailer	
	Push Cart			Other:	
	Mobile Food Cart			Permanent Parked Food Cart	
Type of cooking:	Grill/Griddle	Wok	Deep Fat Fryer	Steamer Tables	Rotisserie/Roaster
If using a Deep Fat Fryer, do you have at least 2 years of commercial deep fat frying experience?				Yes	No
Other type of cooking:	Yes	No	Please describe:		
Energy/Fuel Source:	Electric	Propane	Other - Please describe:		
Do you serve alcohol?	Yes	No	Do you have a liquor license?	Yes	No
If yes, do you have a Liquor Liability Insurance Policy with equal limits in place?			Yes	No	
Do you use another company's product and re-label it?			Yes	No	
Does another company package and label food products for you?			Yes	No	
Do you sell food products wholesale or over the internet?			Yes	No	

## LIABILITY LIMITS

\$300,000 per occurrence / \$600,000 aggregate
\$500,000 per occurrence / \$1,000,000 aggregate
\$1,000,000 per occurrence / \$2,000,000 aggregate
<b>Gross Sales (Premium Basis):</b>
Fixed locations \$ Private Catering \$ Mobile Operations \$

## ADDITIONAL INTERESTS

Any Additional Insured's required?		Yes	No	If yes, please provide names, addresses and interests of each AI below.	
Name	Address		Interest		
Add Blanket AI for \$100 (available if expecting more than four AIs during a policy period)?			Yes	No	

## INLAND MARINE

Loss of Income (80% coinsurance)	\$
Unscheduled Contents Limit (80% coinsurance) \$ <b>Contents are equipment not attached to the cart and valued under \$5,000.</b>	

SCHEDULED PROPERTY - Trailers and equipment not permanently attached to the trailer that are valued at \$5,000 or more per item		
DESCRIPTION OF ITEMS (INCLUDE AGE, MAKE, MODEL)	LIMIT (Actual Cash Value)	IS IT LICENSED FOR ROAD USE?
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

## MORTGAGEE / LOSS PAYEE INFORMATION

Name	Name
Address	Address
Loan Number	Loan Number
Equipment Description	Equipment Description

## FIRE PROTECTION

Is an Automatic Fire Extinguishing Suppression System used?	Yes	No
Is the system a wet chemical fire suppression system?	Yes	No
Does the system protect all cooking surfaces?	Yes	No
Is there an Automatic Fuel shutoff with manual release controls?	Yes	No
Type of fire extinguishers used? (note: Cooking with grills, fryers, or woks requires class K extinguishers)		
Wet Chemical (class K)	Yes	No
ABC Fire Extinguisher	Yes	No
Are fire extinguishers serviced and tagged?	Yes	No
Frequency:	3 mos.	6 mos. 12 mos.
Is a Hood, Vent & Duct System used?	Yes	No
Do deep fat fryers have high limit switches?	Yes	No
(note: We require at least 16 inches between the fryer and other cooking appliances or a baffle plate of 11 inches in height installed. Supporting photo is required within 30 days of binding.)		
Do you have a service contract for your suppression system?	Yes	No
Frequency:	3 mos.	6 mos. 12 mos.
Are hoods, ducts, filters, fans, fryers regularly cleaned?	Yes	No
Frequency:	3 mos.	6 mos. 12 mos.

## PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	To	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?      Yes      No

If Yes, explain:

## PRIOR LOSS INFORMATION

## NO LOSSES

(INCLUDE INFORMATION FOR ALL LOSSES, INSURED OR UNINSURED, THAT WOULD BE RECOVERABLE UNDER THIS TYPE OF INSURANCE OCCURRING IN THE PAST 5 YEARS)

DATE OF LOSS	CARRIER	LOSS AMOUNT	STATUS	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID
			OPEN CLOSED			
			OPEN CLOSED			

ATTACH SEPARATE SHEET FOR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

## ADDITIONAL REMARKS:

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Is your Food Service Cart motorized and licensed for road use?

Yes      No

*If Yes, you must read and sign this required warranty*

### FOOD CART / FOOD SERVICE VEHICLE - LIMITED COVERAGE PROVIDED REPRESENTATION AND WARRANTY BY THE INSURED(S)

As a condition of issuing this policy, you make the following representations and warranties on behalf of all insureds under this policy:

1. You warrant that you shall maintain the appropriate licensing, registrations and separate Commercial Auto Liability Insurance Coverage for the mobile use of your "food service vehicle" with a minimum limit of \$500,000 Combined Single Limit at all times during the policy period and subsequent renewals.
2. You understand that this warranty is material to our decision to accept and issue you this Commercial General Liability Coverage, and that the policy will include an endorsement restating this warranty.
3. Failure by you to comply with this warranty at any time during the policy period will void the Commercial General Liability Coverage Part during the period which you are in breach of this warranty.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to us as soon as possible any changes in the facts or statements above. Completion of this form does not bind coverage or commit the company to policy issuance.

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_