

# Specialty Lines

## UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

### FOOD DELIVERY APPLICATION

<b>1. NAMED INSURED:</b> <b>First Name:</b> _____  <b>dba:</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. MAILING ADDRESS</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 (excess of underlying only)	<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: \_\_\_\_\_

Annual Delivery Receipts Last Year:                      \$ \_\_\_\_\_

Annual Delivery Receipts Coming Year:                      \$ \_\_\_\_\_

Total Annual Receipts:                      \$ \_\_\_\_\_

Total Number of Owned Vehicles:                      # \_\_\_\_\_

Number of Locations needing coverage: \_\_\_\_\_ Are all locations to be scheduled owned by this applicant? \_\_\_\_\_  
List complete addresses for all locations to be scheduled on the policy or attach a separate list to the application.

**\*Must Attach 5 years of currently valued company hard copy loss runs for a quote\***

Prior Carrier: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

If new in business or no prior coverage give details of experience & *include No Known Loss or Claim Letter on Insured's Letterhead.*

#### DRIVER QUALIFICATIONS

What auto liability limits are the drivers required to maintain? \_\_\_\_\_

Do you have driver requirements: \_\_\_\_\_ (ATTACH COPY)    Do you have driver safety incentives: \_\_\_\_\_ (ATTACH COPY)

#### APPLICANT AGREES TO THE FOLLOWING DRIVER CRITERIA: (attach HGT28 form signed by insured)

- 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 over 18 & have 2 years driving experience and hold a valid drivers license for the residing state.
- 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  
PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_