



International Property & Casualty Insurance Brokers of Nevada, Inc.

1936 Catherine Court, Gardnerville, NV 89410
Phone: (775) 782-6655 Fax: (775)782-6654
www.internationalpropertyandcasualty.com

FOOD DELIVERY APPLICATION

1. NAMED INSURED: First Name: dba: TYPE OF COVERAGE SOUGHT: LIMIT OF LIABILITY
2. MAILING ADDRESS: PHONE NO.:
REQUESTED EFFECTIVE DATE:
Need a Quote: Excess of driver's insurance policy. Excess of a primary policy held by this Applicant. Primary Limit: Primary Carrier:

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.

Attach 5 years of currently valued loss runs from prior carrier

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:

ENDORSEMENT

This Endorsement forms a part of the Policy: By: **United National Insurance Company**

SPECIAL RESTRICTIONS FOR THE OPERATION OF AUTOMOBILES

The Named Insured has made the following disclosures as a part of the application for the insurance afforded by this policy:

The Named Insured has a high "turn over" of drivers in his business; and/or,
The Named Insured must rely on retail delivery of his product.

In reliance upon the application for the insurance afforded by this policy and with the understanding of the above disclosures by the Named Insured, the Named Insured and the Company have agreed as follows:

NO INSURANCE IS AFFORDED BY THIS POLICY IF THE NAMED INSURED FAILS TO COMPLY WITH THE FOLLOWING CONDITIONS LISTED ON BOTH PAGES OF THIS ENDORSEMENT:

1. The Named Insured agrees to cooperate with his Insurance Agent in screening all drivers or prospective drivers who will be called upon to operate an automobile on behalf of the Named Insured; and,
2. The Named Insured agrees the screening referred to in the foregoing paragraph will include the review of each driver's or prospective driver's automobile driving record as published by the home "state" of the prospective driver every six months or, in the case of a new driver before the prospective driver drives on behalf of the Named Insured; and,
3. The Named Insured agrees that no driver or prospective driver will be allowed to operate an automobile on behalf of the Named Insured if said driver or prospective driver does not have a valid automobile driver's license and an insurance ID card or some other form of acceptable proof of financial responsibility for the operation of a motor vehicle; and,
4. The Named Insured agrees that no driver or prospective driver will be allowed to operate an automobile on behalf of the Named Insured if said driver or prospective driver has any one or more of the following citations, violations, accidents, or combinations thereof.

VIOLATIONS

No more than two moving violations in 36 months and one at fault accident;

No major traffic citations or incidents. Majors Citations are as follows:

- Driving Under the Influence
- Driving While Impaired
- Driving in Possession of Alcohol or Drugs
- Refusal to submit a blood, urine, or breath test
- Driving with a suspended or revoked license
- A Felony in which a vehicle is used. (i.e. Vehicular Manslaughter, Vehicular Homicide, Vehicular Assault, Hit & Run, eluding a peace officer)
- Reckless Driving
- Careless Driving
- Driving over 100 MPH; Speed Contest; Racing

5. **OTHER CONSIDERATIONS:** The Named Insured agrees that no employee or prospective employee will be allowed to operate an automobile on behalf of the Named Insured if the said employee or prospective employee does not comply with the following:

- Driver must be at least 18 years of age with a minimum of two years driving experience and hold a valid drivers license for the residing state.
- If the driver has a violation for driving without current vehicle registration, a current license, or current insurance; then that driver must have the insurance checked every 3 months for 2 years.
- All vehicles driven on behalf of the Insured meet the state's safety requirements.
- No driver shall under any circumstance carry passenger's in/on the vehicle during deliveries.
- A driver charged with any MAJOR citation will be suspended from driving duties until all charges have been dismissed or a judgment is entered in favor of the driver. Until this is resolved, the driver may not drive.
- Any driver observed driving in an unsafe manner or driving an unsafe vehicle will be barred immediately from driving duties.

6. The Named Insured agrees he/she does not advertise to the buying public or stipulate to his drivers that the delivery be accomplished within a specified time of receiving an order.

7. The Named Insured agrees he/she/or appointed party will keep accurate records of delivery receipts.

I have read this SPECIAL RESTRICTION OF COVERAGE in its entirety and agree on behalf of all insured, to comply with all of its terms and conditions:

Signature of Insured or Officer of Insured Entity

Print Name

Title

Date: _____