

CIU

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Springfield MO 65806-2537
1-800-241-9759 Fax: 877-203-0291
newbusiness@ciusgf.com

FOOD DELIVERY AUTO INSURANCE APPLICATION

A. GENERAL	Email: _____
Applicant's Name: _____	
Contact Person: _____	Phone #: _____
Address: _____	
Applicant: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	Proposed Effective Date: _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Other	Expiration Date: _____
Years Operating in Your Current Business Name: _____	Web Site: _____
Have you owned a similar business or had any change in ownership, management or name of your current business during the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Are you: <input type="checkbox"/> Independent or <input type="checkbox"/> a Franchisee	
Is your business a subsidiary of another entity or does your business have any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details: _____	
Store Locations: _____	

B. COVERAGES REQUESTED
<input type="checkbox"/> Hired and Non-Owned Liability Limits: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$1,500,000
<input type="checkbox"/> Excess Auto Liability (Available only if you have underlying non-owned and hired auto coverage.)
<input type="checkbox"/> Limit \$ _____ <input type="checkbox"/> Your underlying Insurance Limit \$ _____
Carrier: _____

C. OPERATIONS													
1. Product Delivered: <input type="checkbox"/> Pizza <input type="checkbox"/> Chinese Food <input type="checkbox"/> Other _____													
2. Number of years your business has done deliveries: _____													
3.	<table border="1"><thead><tr><th>Operations History</th><th>Dates</th><th>Delivery Receipts</th><th>Total Annual Receipts</th></tr></thead><tbody><tr><td>Projected This Year</td><td></td><td></td><td></td></tr><tr><td>Most Recent Year</td><td></td><td></td><td></td></tr></tbody></table>	Operations History	Dates	Delivery Receipts	Total Annual Receipts	Projected This Year				Most Recent Year			
Operations History	Dates	Delivery Receipts	Total Annual Receipts										
Projected This Year													
Most Recent Year													
4. Do you agree to maintain accurate records of delivery receipts? <input type="checkbox"/> Yes <input type="checkbox"/> No													
5. Total number of owned vehicles: Used for delivery _____ Other _____													
6. Do you advertise to the buying public that delivery will be completed within a specified time of receiving an order? <input type="checkbox"/> Yes <input type="checkbox"/> No How fast? _____ minutes													
7. Do you charge extra for deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you charge? _____													
8. Are all drivers your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No													
9. Are your employees covered by Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No													

D. PRIOR AUTO INSURANCE CARRIERS AND LOSS EXPERIENCE (Add additional sheet(s) if necessary.)

Policy Dates	Insurance Carrier	Policy #	Premium	*Total Auto Liability Claims		Cancelled or Non-Renewed? (Reason)
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	
			\$	#	\$	

*This section should be completed unless you have attached loss runs for all years. Please describe any loss over \$25,000:

E. SPECIAL COVERAGE RESTRICTION

I have read endorsement IPC 101 and agree to its terms as a condition of the policy being issued by the company. I understand that coverage for a claim may be denied if we do not adhere to any of the terms of IPC 101.

F. AGREEMENTS AND SIGNATURES

APPLICANT: I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS ISSUED. THIS APPLICATION ALONE DOES NOT BIND COVERAGE.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A CRIME.

Applicant's Signature _____ Producer's Signature _____
 Date _____ Date _____