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Pizza & Restaurant Delivery Insurance Program Supplemental Application & Submission Checklist

Contingent and Excess Vicarious Hired & Non-Owned Auto Liability Coverage

Submission Checklist

- _____ Completed Pizza & Restaurant Delivery Supplemental Application
- _____ Complete location schedule including street address, city, state, and zip code for each location
- _____ Complete list of all Named Insureds, including brief summary of operations and ownership of each one
- _____ Current Drivers List
- _____ Current MVRs for all owners, managers and drivers
- _____ Resume of owner (only required on those accounts with less than 3 years of loss history)
- _____ Currently-valued HNOA Loss Runs for the current year and four prior years (5 years total)

Business Name:	
Majority Owners' Name:	Contact Name:
Mailing Address:	
Proposed Effective Date:	Years in Business:
Years restaurant management experience of owner/manager:	

FEIN# _____ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐
Do you own any other business operations/entities under the name listed above? Yes ☐ No ☐
If yes, explain: _____

Type: ☐ Upscale ☐ Casual Dining (table service) ☐ Quick Service (no table service)
☐ Cafeteria/Buffer ☐ Ice Cream/Beverage Shop
☐ Delivery-Only Service (other restaurants' food) ☐ Other _____

Do the majority owners have ownership interests in other restaurant entities insured separately?
Yes ☐ No ☐

If yes, provide entity names, franchisor, city/state of locations.

Have the majority owners previously had ownership interests in other restaurant entities that have been closed or sold? Yes ☐ No ☐

If yes, provide entity names, franchisor, city/state of locations closed/sold.

Does the prospective insured currently utilize any sort of telematics solution (GPS unit, phone app, camera system, etc.) to monitor and/or coach their drivers? Yes ☐ No ☐

If yes, provide name of telematics vendor, status of telematics implementation, # of years in use.

Location 1: Address _____
 Location 2: Address _____
 Location 3: Address _____

If more than 3 locations, please use page 4.

	Location 1	Location 2	Location 3
Total Food Receipts			
Eat In Sales			
Carry Out Sales			
Delivery Sales			
Alcohol Sales			
Restaurant Hours			
Number of employees			

General Operations

DELIVERY RADIUS FROM LOCATION(S): _____

Yes No

- ☐ ☐ Are deliveries made? ☐ Residential ☐ Business to business
☐ ☐ Delivery associated with catering operations only
☐ ☐ Delivery by employees? ☐ Employee owned vehicles ☐ Employer owned vehicles
☐ ☐ Scooter/Moped/Bicycle

What is the minimum driver age? _____

Yes No

- ☐ ☐ Do you currently have a driver training course in place?
☐ ☐ Do you guarantee delivery time?
☐ ☐ Is valet parking service provided? If yes, by whom? ☐ Applicant ☐ Third Party
☐ ☐ Delivery by third party vendor(s)?
☐ ☐ If any employees use their own vehicles on company business, does the Insured monitor evidence of personal auto insurance?
☐ ☐ Are hold harmless agreements in applicant's favor and Certificate of Insurance naming applicant as additional insured obtained for all independent contractors or vendors?
 If no, explain: _____
☐ ☐ Does the insured deliver alcohol?

Requested Limits of Liability:

- ☐ \$500,000 ☐ \$1,000,000 ☐ \$1,500,000 ☐ \$2,000,000
☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000

Does prospect have current coverage? _____

Expiring Coverage Information:

Auto Limit:	Exp. Date:	Premium:
Deductible:		

Expiring Total Sales: _____ Expiring Delivery Sales: _____
 Expiring Alcohol Sales: _____

Insured Name: _____

Insured Signature: _____ **Date:** _____

FRAUD WARNING

Notice to Applicants of all states except California, Kentucky, Louisiana, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Puerto Rico, Virginia and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material 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 civil penalties and denial of insurance benefits.

Notice to California Applicants:

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Notice to Kentucky Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Notice to Louisiana Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New Mexico Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to New York Applicants:

Any person who knowingly and with the intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Oregon Applicants:

Any person who knowingly and with intent to defraud or deceive any insurance company or other person who files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto upon which the insurance company or any other person relies may be a crime and may provide grounds for criminal or civil penalties.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person who, files an application for insurance or a 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 such person to criminal and civil penalties.

Notice to Puerto Rico Applicants:

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established by be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to Virginia Applicants:

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.

Notice to Washington D.C. Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
	Location	Location	Location	Location	Location
	_____	_____	_____	_____	_____
Total Food Receipts					
Eat In Sales					
Carry Out Sales					
Delivery Sales					
Alcohol Sales					
Restaurant Hours:					
Number of employees:					

Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
Loc. ____	Address:				
	Location	Location	Location	Location	Location
	_____	_____	_____	_____	_____
Total Food Receipts					
Eat In Sales					
Carry Out Sales					
Delivery Sales					
Alcohol Sales					
Restaurant Hours:					
Number of employees:					

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Loc. ____	Address:				
	Location	Location	Location	Location	Location
	_____	_____	_____	_____	_____
Total Food Receipts					
Eat In Sales					
Carry Out Sales					
Delivery Sales					
Alcohol Sales					
Restaurant Hours:					
Number of employees:					