Food Truck/Trailer Questionnaire

Named Insured: _____

Agency Name: _____

General Information

1) Is applicant:
   - ☐ Independent Owner Operator
   - ☐ Leased/Hired, explain and list any contractual requirements or obligations:

     _____
   - ☐ Other, describe: _____

2) If less than 3 years in business operating a food truck, please provide the applicant's prior experience in the food industry: _____

   _____

3) Please list the cities the applicant operates in as a vendor: _____

   _____

4) Has the applicant ever been cited for any city, county or state health code violations? ☐ Yes ☐ No
   a) If "Yes", please explain: _____
   b) List steps that have been taken to prevent further violations:

      _____

      _____

5) Does applicant also own/operate a restaurant at a set location? ☐ Yes ☐ No

   If "Yes":

   a) Name of restaurant: _____
   b) Is this a separate legal entity? ☐ Yes ☐ No
   c) Is it insured elsewhere? ☐ Yes ☐ No

6) Does the applicant sell alcohol? ☐ Yes ☐ No (If yes, Liquor Supplement 8-2226 must be completed)

   If Yes, is it stored on the vehicle overnight? ☐ Yes ☐ No

   If more than 30% sales of alcohol on any single vehicle, not eligible for this program.

Automobile General Information

1) Are vehicles ever leased or rented to others? ☐ Yes ☐ No

   If "yes":

   a) How often? _____

b) Is a formal contract used? ☐ Yes ☐ No

If yes, attach copy.

c) Does applicant require lessee to provide Certificates of Insurance showing applicant as Additional Insured? ☐ Yes ☐ No

d) Does contract require lessee to provide property coverages for the vehicle and its contents? ☐ Yes ☐ No

e) Does the applicant check the driving record of the lessee? ☐ Yes ☐ No

2) Do all vehicles have a valid Mobile Food Vendor Permit? ☐ Yes ☐ No

If no, please explain: _____

Vehicle Information – a recent photo of each truck or trailer is required.

***Must be completed for each vehicle *(Make a copy of this page for each additional vehicle)*:**

Year: _____ Make: _____ Model: _____ VIN #: _____

☐ Hot truck ☐ Cold truck ☐ Hot Trailer ☐ Cold Trailer

If other please describe: _____

Permit Number: _____ If no number, attach a copy of the permit.

Date(s) of last inspection(s): _____ Inspected by (city, county, state): _____

Covered by Auto Policy:

a) Cost New of vehicle: $_____

b) Replacement Cost of attached awnings and vehicle wraps: $_____

Total of a & b = $_____ Total Cost New

c) Is Business Income coverage desired for loss to the auto? ☐ Yes ☐ No

If yes, number of day coverage ☐ 45 ☐ 90 ☐ 180

Covered by separate Inland Marine floater or Business Personal Property form:

a) Replacement Cost of generators and other equipment not essential to operations of the vehicle itself: $_____

b) Maximum value of food in vehicle: $_____

c) Maximum value of paper products and kitchen utensils etc. in vehicle: $_____

Total of a, b & c = $_____ Total IM Limit

d) Is Equipment Breakdown/Tech Advantage coverage desired? ☐ Yes ☐ No

1) Days in Operation (M-F?): _____ Hours of Operation: _____

2) Is the vehicle garaged at:

☐ Private, secured lot or garage

☐ Job sites Describe key controls: _____

☐ Other Describe: _____

3) What is the maximum amount of cash on hand any given day? $_____

Describe security and controls: _____

_____

4) Is food prepared at a restaurant or on the vehicle? _____

5) If cooking on truck is there an automatic fire extinguisher system? ☐ Yes ☐ No

If "NO", explain: _____

If "YES", does it protect the following? (check all that apply)

Date last serviced: _____ ☐ Cooking Surfaces ☐ Deep Fat Fryer

6) Number of Fire Extinguishers:

☐ ABC Class (Combustibles-Flammables-Electrical) Date last serviced:_____

☐ Class K (Oils-Grease) Date last serviced: _____

***Vehicles which are only being used for pulling a food trailer should not be scheduled on this form.**