



International Property & Casualty Brokers of NV, Inc.

P.O. Box 1150, Gardnerville, NV 89410

Phone: (775)782-6655 Fax: (775)782-6654 www.ipc-nv.com

FOOD DELIVERY AUTO INSURANCE APPLICATION

A. GENERAL

Applicant's Name: _____

Contact Person: _____ Phone #: _____

Address: _____

Applicant: Individual Partnership Corporation Other

Proposed Effective Date: _____

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? Yes No If yes, please explain: _____

Are you: Independent or a Franchisee

Is your business a subsidiary of another entity or does your business have any subsidiaries? Yes No

If yes, provide details: _____

Store Locations: _____

B. COVERAGES REQUESTED

Hired and Non-Owned Liability Limits: \$100,000 \$300,000 \$500,000 \$1,000,000 \$1,500,000

Excess Auto Liability (**Available only if you have underlying non-owned and hired auto coverage.**)

Limit \$ _____ Your underlying Insurance Limit \$ _____

Carrier: _____

C. OPERATIONS

1. Product Delivered: Pizza Chinese Food Other _____

2. Number of years your business has done deliveries: _____

3.

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? Yes 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? Yes No How fast? _____ minutes

7. Do you charge extra for deliveries? Yes No If yes, how much do you charge? _____

8. Are all drivers your employees? Yes No

9. Are your employees covered by Workers' Compensation? Yes No



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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 _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL CONDITIONS ENDORSEMENT

As a condition of the insurance provided by the policy, you agree:

1. To review each driver's automobile driving record as published by the driver's home state at least once every six months or, in the case of a prospective driver, before that driver drives on your behalf; and
2. That no driver will be allowed to operate an "auto" on your behalf if that 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,
3. That no driver will be allowed to operate an "auto" on your behalf if that 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 in the past 60 months. Major citations are as follows:

- Driving Under the Influence
- Driving While Impaired
- Driving in Possession of Alcohol or Drugs
- Refusal to submit to 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 and Run, eluding a police officer.)
- Reckless Driving
- Driving 25 or more mph over the speed limit; Speed Contest; Racing.

4. **OTHER CONSIDERATIONS:** You agree that no driver will be allowed to operate an "auto" on your behalf if that driver 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 "autos" driven on behalf of the Insured meet the state's safety requirements.
- No driver shall under any circumstance carry passengers in/on the vehicle during deliveries, with the exception of training purposes.
- 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.

5. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time.
6. You agree to keep accurate records of delivery receipts.

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

_____	_____
Signature of Insured or Officer of Insured Entity	Title
_____	_____
Print Name	Date

All other terms remain the same.