



SierraSpecialty

234 Clovis Ave.
Clovis, CA 95612
Main: 559-256-6900
Direct/Fax: 559-6911
Toll Free: 877-388-0147
www.SierraSpecialty.com

FOOD DELIVERY AUTO INSURANCE APPLICATION

Agent: _____ Expiration Date: _____

A. GENERAL

Applicant's Name: _____

Contact Person: _____ Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Are you: Independent or a Franchisee Franchise Name: _____

Applicant: Individual Partnership Proposed Effective Date: _____

Corporation Other

Years' operating in your current business name: _____

Number of years your business has done deliveries _____

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: _____

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

If yes, provide details: _____

Total number of locations: _____ Total number of locations with delivery: _____

Do you want coverage for non-delivery locations? Yes No

What are the operations for non-delivery locations? _____

List complete addresses for all stores to be scheduled on the policy:

B. COVERAGES REQUESTED

Hired and Non-Owned Liability Limits: \$100,000 \$300,000 \$500,000
 \$1,000,000 \$1,500,000 \$2,000,000

Excess Auto Liability (Available only if you have underlying non-owned and hired auto coverage with a different A rated carrier.)

Do you want excess coverage for Owned autos? Yes No

If so, how many autos do you own? _____

Name of the primary insurance company: _____

Limit of Liability afforded on the primary policy: _____

What excess limit would you like? _____ (\$1,500,000 maximum available)

C. OPERATIONS

1. Product Delivered: Pizza Asian Food Food Courier: Subs/Sandwiches: Other: _____

2. Number of Drivers (Employed and Contracted) _____

3.	Operations History	Dates	Total Annual Receipts	Total Annual Receipts From Food Deliveries	Total Number Of Deliveries Annually
	Projected This Year				
	Most Recent Year				

4. What is the minimum age of drivers delivering food? _____
5. Do all of your drivers have a minimum of two years driving experience? _____
6. Do you advertise a guaranteed delivery time frame? Yes No How fast? _____ minutes
- a. What are the consequences if it is not met? _____
- b. Provide a copy of the advertisement. _____
7. Do you charge extra for deliveries? Yes No If yes, how much do you charge? _____
8. Do you have a Driver Safety Program? Yes No If yes, please provide a copy. _____
9. Are you a food courier (deliver food of other restaurants)? Yes No If yes, answer the following questions:
- a. What are your gross food sales? \$ _____
- b. What percentage of food sales do you retain? _____%
- c. What is your delivery fee? \$ _____
- d. How many deliveries are made per week? _____
- e. How many drivers contracted and employed? _____

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)
			\$ #	\$	
			\$ #	\$	
			\$ #	\$	
			\$ #	\$	
			\$ #	\$	

*5 Years of loss runs are required, please attach. Please also describe any loss over \$25,000:

E. 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 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

F. SPECIAL COVERAGE RESTRICTION

I have read the endorsement called **SPECIAL RESTRICTIONS AND EXCLUSIONS** 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 the **SPECIAL RESTRICTIONS AND EXCLUSIONS** endorsement.

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL RESTRICTIONS AND EXCLUSIONS

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; **CURRENT INFORMATION AS WELL AS OLD INFORMATION MUST BE MAINTAINED FOR A PERIOD OF 3 YEARS**; 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.
 - Driver must be at least 21 years of age with a minimum of two years driving experience and hold a valid drivers' license for the residing state if delivering alcohol including beer and wine.
 - 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.
 - Drivers will not be accompanied by passengers other than your employees.
 - 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. The policy is subject to audit.

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.