



SierraSpecialty
Sierra Specialty Insurance, Inc.
 234 Clovis Ave
 Clovis, CA 93612
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

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. What percentage of total annual receipts is generated from food delivery? _____ %
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 _____