



**FOOD DELIVERY APPLICATION FOR EXCESS COMMERCIAL AUTO LIABILITY**

<b>1. NAMED INSURED &amp; MAILING ADDRESS:</b>  <input type="checkbox"/> See Accord Application <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORP. <input type="checkbox"/> PART. <input type="checkbox"/> OTHER: _____	<b>2. LOCATION ADDRESS (If different from mailing):</b>  <input type="checkbox"/> See Accord Application    PHONE NO.: (    ) _____
<b>TYPE OF COVERAGE SOUGHT:</b> <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned <input type="checkbox"/> Owned	<b>REQUESTED EFFECTIVE DATE:</b> _____
<b>LIMIT OF LIABILITY</b> <input type="checkbox"/> \$100,000. CSL <input type="checkbox"/> \$500,000. CSL <input type="checkbox"/> \$1,500,000. CSL <input type="checkbox"/> \$300,000. CSL <input type="checkbox"/> \$1,000,000. CSL <input type="checkbox"/> _____	<b>Need a Quote:</b> <input type="checkbox"/> Excess of driver's insurance policy. <input type="checkbox"/> Excess of a primary policy held by this Applicant. <b>Primary Limit:</b> _____ <b>Primary Carrier:</b> _____

OPERATION DELIVERS:  Pizza                       Chinese Food                       Other \_\_\_\_\_

Applicant is an:  Independent                       Franchise of: \_\_\_\_\_

Number of years in business: \_\_\_\_\_                      Number of years experience: \_\_\_\_\_

Annual Delivery Receipts Last Year:                      \$ \_\_\_\_\_  
 Annual Delivery Receipts Coming Year:                      \$ \_\_\_\_\_  
 Total Annual Receipts:                      \$ \_\_\_\_\_  
 Total Number of Owned Vehicles:                      # \_\_\_\_\_

Prior Carrier: _____
Limit: _____
Ded/SIR: _____
Premium: _____

# of Full Time Drivers: \_\_\_\_\_    # of Part Time Drivers: \_\_\_\_\_

Number of Locations:     One, Shown Above, OR  # \_\_\_\_\_ listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Five (5) Years Loss History for Hired and Non-owned Auto:** \_\_\_\_\_

**Five (5) Years Loss History for Owned Autos:** \_\_\_\_\_

**DRIVER QUALIFICATIONS**

What auto liability limits are the drivers required to maintain? \_\_\_\_\_

Do you have driver requirements:                       NO                       YES (ATTACH COPY)

Do you have a driver safety program:                       NO                       YES (ATTACH COPY)

**APPLICANT AGREES TO THE FOLLOWING DRIVER CRITERIA:**

- Driver's MVR's are checked at least every six months and at initial hire to confirm eligibility under insurance policy.
- Driver's auto liability insurance is checked at least every six months and at initial hire to confirm at least minimum financial responsibility limits are held and current.
- All vehicles driven on behalf of the Insured meet the state's safety requirements.
- Driver must be at least 18 & with a minimum 2 years U.S. driving experience.
- Driver must have no more than two moving violations in 36 months and one at fault accident.
- No major traffic citations or incidents.

**I UNDERSTAND THAT I MAY ONLY EMPLOY A DRIVER THAT MEETS THE ABOVE DRIVER CRITERIA.**

DATE: \_\_\_\_\_                      SIGNATURE: \_\_\_\_\_                       **APPLICANT**

## Delivery - Safety Discount Survey

*We now have various credits and discounts.*

*Please complete the below questions to ensure you get the best.*

Safety Discount Questions	Yes / No
1.)Do you follow Safety procedures and have a Training Manual for new drivers?	
2.)Do all Drivers receive special internal training regarding Delivery Driver Safety?	
3.)Do you have a New Hire Safety Orientation?	
4.)Do you report all claims (no matter how small) within 24 hours of the accident and do accident investigation?	
5.)Do you have a process to inspect vehicles for proper maintenance and driver safety?	
6.)Are drivers reviewed and evaluated according to safe standards?	
7.)Do you use a formal process for screening job applicants to ensure you are only hiring the best?	
8.)Do you run background checks on new applicants?	
9.)Do you run MVR's on new driver applicants?	
10.)Describe any other Worker Safety programs in place to reduce and manage claims or describe past claims in more detail?	

- ✓ include at least three years of loss runs, currently valued
- ✓ return this form with accompanying information to:

**BESNARD & ASSOCIATES INSURANCE**

FAX: (813) 926-1724 Questions? ☎ (877) 200-1718 ✉ [Adam.Besnard@BesnardInsurance.com](mailto:Adam.Besnard@BesnardInsurance.com)