

BROKERAGE INFORMATION

Date quote required _____

Brokerage _____ Producer _____

APPLICANT INFORMATION

Name of Applicant _____

Mailing Address of Applicant _____

City _____ Province _____ Postal Code _____

Website _____

Business Formation (e.g. Corporation, Partnership, Individual, Joint Venture) _____

Year Established _____ Is this a not-for-profit organization? Yes No

Principal (s) _____

Operations of Insured Hot Dog Cart Chip Wagon
 Annual Seasonal Term _____ To _____
 Frame Metal
 Hydrant with in 1000' Fire Hall within 7 km
 Is Unit self propelled? Yes No If yes, provide details: _____

Automatic CO2 System Yes No Date system last serviced _____

Portable (K) Extinguisher Yes No

#of years in Operation _____ # of years Experience _____

Loss History _____

Loss payable _____

Is this a renewal to your office Yes No Photo required (included) Yes No

Prior Carrier & Policy # _____ Expiry Date _____

Is renewal being offered? Yes No If no, please advise why _____

Expiring or Target Premium _____

Has any insurer ever refused or cancelled any insurance? Yes No If yes, please provide details _____

Coverage: Miscellaneous Property Floater

| | Limit of insurance | | Deductible |
|--------------|-----------------------------------|---------|----------------------------------|
| Contents | \$ _____ <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> \$2,500 |
| Unit it self | \$ _____ <input type="checkbox"/> | \$1,000 | <input type="checkbox"/> \$2,500 |

Commercial General Liability Limit

\$1,000,000 \$2,000,000

Receipts:

Hot Dog carts and Chip Wagon: _____

Other amount and description: _____

DECLARATION & SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief the statements set forth herein are true. The Insurance Company is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

THIS APPLICATION MUST BE SIGNED BY THE RISK MANAGER OR OTHER PERSON RESPONSIBLE FOR PURCHASING INSURANCE.

Applicant's Name (please print) _____

Title _____

Applicant's Signature _____

Date _____

Broker's Signature _____

Date _____