



Since 1961, our MGA has been offering a broad range of insurance solutions for specialty, niche, program and hard-to-place business.

Quotes@swgins.com
www.swgins.com

FOOD VENDOR APPLICATION

Applicant _____ Operating As: _____

Postal Address _____

Address/Location where Applicant Operates: _____

Operations of Insured

<input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Chip Wagon <input type="checkbox"/> Ethnic Food Stand <input type="checkbox"/> Other *	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal - Month(s) of operation ____ To ____ <input type="checkbox"/> Frame <input type="checkbox"/> Metal <input type="checkbox"/> Hydrants within 1000' <input type="checkbox"/> Fire Hall within 7 km <input type="checkbox"/> Fire Hall more than 7 km
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*Indicate type of food product sold: _____

Is unit self propelled? Yes No Age of unit: _____

Description of unit: _____

Deep Fat Frying Yes No Class K Fire Extinguisher Yes No

Automatic CO₂ System Yes No Date system last serviced _____

of Years in Operation ____ New Venture # of Years Experience _____

Current Carrier _____ Expiry Date _____

Are they offering renewal? Yes No

If not, please provide details _____

Loss History _____

Loss Payable _____

Is this a renewal to your office? Yes No

How long have you known the client? _____ Do you recommend client? Yes No

SECTION I – Miscellaneous Property Floater

Coverage	Limits of Insurance	Deductible	Co-Ins
Unit	\$	\$1,000	80%
Contents	\$	\$1,000	80%

SECTION II – Commercial General Liability Limit

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

Receipts from Sales of Food & Beverage : \$ _____

Is Non-Owned Auto coverage required? Yes No

NOTE: IF BOUND, A PHOTO AND SERIAL NUMBER WILL BE REQUIRED WITHIN 30 DAYS.

Name of Brokerage: _____ Phone # _____ Fax # _____

Signature of Applicant: _____ Date: _____

SUBMITTED BY: _____

E-MAIL: _____

Please Note:

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of South Western Insurance Group Ltd.'s insurance business in Canada.