

NAME OF APPLICANT(S): _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Address/Location where Applicant Operates: _____

DESCRIPTION OF OPERATIONS:

Does your operation meet all mandatory jurisdictional licensing requirements? Yes No

Do you provide food delivery services? Yes No

Please indicate type of food/beverage products sold: _____

Does the applicant provide any services through a permanently established restaurant or retail location under the same entity? Yes No

If yes, please describe: _____

Do you sell any products that are not food/beverages? Yes No

If yes, please describe: _____

Do you sell liquor/alcohol? Yes No

Is all food/beverage prepared on-site? Yes No

How many trucks/carts does the applicant operate? _____

Do all staff have a food handler certificate? Yes No

Are all sales and services in Canada only? Yes No

of Years in Operation: _____ New Venture # of Years' Experience (operating a food truck or restaurant management): _____

Receipts from Sales of Food & Beverage: \$ _____

PROPERTY COVERAGE:

Equipment and stock including equipment attached to automobiles: Limit \$ _____

(This policy will not cover the automobile itself. Property wording includes a locked vehicle warranty)

Equipment and stock shall mean the following:

- *Cooking equipment including oven, rotisserie for grilling, and/or deep fat fryer*
- *Refrigeration equipment including fridge, and/or freezer*
- *Extraction hood*
- *Cash Register including any point of sales equipment*
- *Food stock items*

Is there any deep fat frying? Yes No

Is there an automatic wet chemical extinguishing system in place? Yes No

Is there a semi-annual maintenance contract in place for the wet chemical extinguishing system? Yes No

Is there a class K fire extinguisher? Yes No

PLEASE SELECT LIMIT OF LIABILITY AND NON-OWNED AUTO COVERAGE REQUIRED:

CGL - \$1 million limit CGL - \$2 million limit CGL - \$5 million limit

NOA - \$1 million limit NOA - \$2 million limit NOA - \$5 million limit

CYBER:

Do you collect/retain any sensitive data (for example: bank account details, social insurance numbers)? Yes No

Do you have anti-virus deployed across your network? Yes No

Are firewalls deployed at all endpoints? Yes No

Are you compliant with Payment Card Industry Data Security Standards (PCI DSS)? Yes No

Cyber Limits required: \$10,000 \$25,000 \$50,000 (Max \$25,000 for Failure of Security)

Current Carrier: _____ Expiry Date: _____

Has any insurance company declined or cancelled coverage? Yes No

Has the risk had any other losses, insured otherwise, in the past 5 years? Yes No

NOTE: Premiums are fully earned and retained once binder number issued by Premier

DECLARATION / CONSENT:

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Applicant's Signature: _____ Date: _____

Brokerage Firm: _____ Phone #: _____ Fax #: _____

Broker's Signature: (Print) _____ Broker Email: _____

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

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