

# RAINIER INSURANCE COMPANY®

1411 SW Morrison Street, Suite 400  
 Portland, OR 97205-1945  
 800-522-6944 • Fax 800-772-2107



## FOOD VENDOR APPLICATION

<b>Policy #</b>	<b>Proposed Effective and Expiration Date</b> From: _____ To: _____	<b>Status of Submission</b> <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	<b>Agent Code</b>
<b>Applicant's Name / DBA:</b>		<b>Agent Name:</b>	
<b>Mailing Address:</b>		<b>Agent Address:</b>	
		<b>Agent's Phone #:</b>	
<b>APPLICANT'S PHONE #'S:</b>	<b>Work:</b>	<b>Website Address:</b>	
<b>Home:</b>	<b>Cell:</b>		
<b>Years in Business:</b>	<b>Years of Experience:</b>	<b>Applicant's Occupation:</b>	
<b>Type of Business:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
<b>Business Description:</b>			
<b>Accounting Records:</b> Name: Contact Phone:		<b>Inspection Records:</b> Name: Contact Phone:	

### PLEASE PROVIDE THE FOLLOWING

<b>What is the territory of operations (city, state)?</b>	<b>Number of Events?</b>
<b>DESCRIPTION OF OPERATIONS:</b>	<input type="checkbox"/> Motorized Food Service Vehicle <input type="checkbox"/> Trailer or Semi-Trailer
	<input type="checkbox"/> Permanent or Semi-Permanent Structure <input type="checkbox"/> Push Cart
<b>TYPE OF COOKING:</b> <input type="checkbox"/> Grill/Griddle <input type="checkbox"/> Wok <input type="checkbox"/> Deep Fat Fryer <input type="checkbox"/> Steamer Tables <input type="checkbox"/> Rotisserie/Roaster	
<input type="checkbox"/> Other type of cooking: Please describe: _____	
<b>Energy/Fuel Source:</b> <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Other - Please describe: _____	
<b>Do you serve alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have a liquor license?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### PREMISES INFORMATION – PLEASE DESCRIBE ANY PERMANENT OR SEMI-PERMANENT LOCATIONS

Loc #	ADDRESS	USAGE AT LOCATION	SEATING AVAILABLE?	TABLE SERVICE?
		Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Seasonal <input type="checkbox"/> Yes <input type="checkbox"/> No		

### SCHEDULED EQUIPMENT – SCHEDULE ANY ITEM VALUED AT \$1,000 OR MORE

DESCRIPTION OF ITEMS (INCLUDE AGE, MAKE, MODEL)	SERIAL NUMBER	VALUE	IS IT LICENSED FOR ROAD USE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**COVERAGE INFORMATION**

<b>Scheduled Equipment Limit (total):</b>		<b>Contents Limit:</b>
<b>BUSINESS INCOME:</b>	If short term, 6 months of receipts	<b>Valuation = Actual Cash Value</b>
	If annual, 12 months receipts	
<b>Business Income Coinsurance:</b> <input type="checkbox"/> 80% <input type="checkbox"/> 50%		<b>Food Cart Contents Coinsurance:</b> <input type="checkbox"/> 80%

**FIRE PROTECTION**

<b>Vent &amp; Duct System?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hood/Fire Suppression System?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Meets NFPA &amp; UL 300 Standards?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Does the automatic extinguishing system protect all cooking surfaces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do all deep fat fryers have high limit switches?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is wet chemical fire suppression system used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Automatic Fuel shutoff with manual release controls?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fire Extinguishers serviced and tagged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are hoods, ducts, filters, fans, fryers regularly cleaned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Frequency</b> <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.
<b>Do you have a service contract for your suppression system?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Frequency</b> <input type="checkbox"/> 3 mos. <input type="checkbox"/> 6 mos. <input type="checkbox"/> 12 mos.

**PRIOR/CURRENT INSURANCE COMPANY INFORMATION**

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

**Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?**                     Yes  No

**If Yes, explain:**

**Explain any periods when insurance was not in place:**

**If coverage is currently in place, provide reason(s) for making a change:**

**PRIOR LOSS INFORMATION**

(INCLUDE INFORMATION FOR ALL LOSSES, INSURED OR UNINSURED, THAT WOULD BE RECOVERABLE UNDER THIS TYPE OF INSURANCE OCCURRING IN THE PAST 5 YEARS)

DATE OF LOSS	CARRIER	LOSS AMOUNT	STATUS	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			
			<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED			

**ATTACH SEPARATE SHEET FOR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED**

**GENERAL LIABILITY LIMITS**

<input type="checkbox"/> \$300,000 per occurrence / \$600,000 aggregate
<input type="checkbox"/> \$500,000 per occurrence / \$1,000,000 aggregate
<input type="checkbox"/> \$1,000,000 per occurrence / \$2,000,000 aggregate
<b>Gross Receipts:</b>

**ADDITIONAL INTERESTS**

<b>Any Additional Insured's required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide Name and Address information below:</b>
<b>NAME</b>	<b>ADDRESS</b>

ADDITIONAL REMARKS

**Is your Food Service Cart motorized and licensed for road use?**     Yes     No

*If Yes, you must read and sign this required warranty:*

**FOOD CART / FOOD SERVICE VEHICLE - LIMITED COVERAGE PROVIDED  
REPRESENTATION AND WARRANTY BY THE INSURED(S)**

**As a condition of issuing this policy, you make the following representations and warranties on behalf of all insureds under this policy:**

- 1. You warrant that you shall maintain the appropriate licensing, registrations and separate Commercial Auto Liability Insurance Coverage for the mobile use of your "food service vehicle" with a minimum limit of \$500,000 Combined Single Limit at all times during the policy period and subsequent renewals.**
- 2. You understand that this warranty is material to our decision to accept and issue you this Commercial General Liability Coverage, and that the policy will include an endorsement restating this warranty.**
- 3. Failure by you to comply with this warranty at any time during the policy period will void the Commercial General Liability Coverage Part during the period which you are in breach of this warranty.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

***This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.***

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to us as soon as possible any changes in the facts or statements above. Completion of this form does not bind coverage or commit the company to policy issuance.

**PRODUCER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_