



Food Vendors (No Liquor) Application

ABEX Affiliated Brokers Exchange Inc.
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Brokerage:		Broker contact:	
Broker address:		Email:	
Broker code:	Policy Number (for renewal purposes only):		Effective Date:
Named Insured(s):			
Principal(s):			
Mailing address:			
Risk address: (For mobile units, see Q10)			
Website address:			
Underwriting Details			
1. Provide details of your current Commercial General Liability insurance:			
Expiry Date:	Limit:	Deductible:	Premium: Insurer:
2. Description of Operations (check the appropriate box):			
Restaurant (no liquor)	Take Out Restaurant	Food Stand	Mobile Food Trailer Food Truck
Cafe	Bakery	Other - please describe:	
3. Fully describe the nature of your business activities, including types of food served (if no website, attach menu with this form):			
4. Number of years in business and experience of insured:			
5. Is there an annual lease in place?		Who is responsible for snow removal?	
6. Construction Details			
Year built		Building area in sq. feet	
No of Stories		Construction	
	Type	Year Updated	
Electrical Wiring & Amperage			
Breakers or Fuses			
Plumbing			
Heating			
Supplementary Heating			
Roof			
7. Private Protections		Yes	No
Fire Alarm	Sprinklered		
Burglar Alarm	On-Site Security		
Monitored			
8. Risk Details			
Has applicant ever had insurance declined or cancelled? <i>If 'yes', please explain in 'Comments'</i>			Yes No
Hydrant within 300 meters?			
Firehall within 8 Kms?			
Is it a voluntary firehall?			
Is the lot bigger than 1 acre? <i>If 'yes', how many acres?</i>			
Is the risk located in an active flood zone? <i>If 'yes', we'd decline.</i>			
Is the risk located within 50 kms of an active fire zone? <i>If 'yes', we'd decline.</i>			
Does the risk meet local Fire Code and By-law requirements for its current occupancy?			
9. Comments:			

10. Is the unit mobile? Yes No <i>If 'yes' where is it commonly stored or parked?</i> Is there a trailer hitch lock? Yes No							
11. Does the operation include deep fat frying? Yes No <i>If 'yes' what type:</i> Vegetable Oil Animal Fat Does the operation include grilling? Yes No Is the kitchen equipped with an automatic fire extinguisher System (CO2 System)? Yes No <i>If 'Yes' what type:</i> Wet Dry Is there a 6-month maintenance agreement in place? Yes No Are grease traps cleaned and serviced regularly? Yes No							
12. Does the insured provide delivery service (other than third party services such as Skip the Dishes)? Yes No <i>If 'yes, we'd decline.</i>							
13. Date of financial year end: _____ / _____ (dd/mm). Revenue for last complete financial year: Revenue estimate for current financial year: Is there any revenue other than food sales? Yes No <i>If 'yes', please describe:</i>							
14. Number of employees: Are all employees covered under WSIB? Yes No							
15. Coverage, limits and notes:							
Property Values		Location Limit		Property Values		Location Limit	
Property (Trailer/Truck)				Office Contents			
Equipment				Profits			
Tenants Improvements				Stock			
Other							
16. What coverage do you require?							
Coverage		Limit		Coverage		Limit	
Commercial General				Tenant's Legal Liability			
Commercial General Aggregate				Employee Benefits Liability			
Non-Owned Automobile				Deductible			
17. Do your employees use their personal automobile on company business? Yes No <i>If 'yes', please provide details:</i> Estimated annual cost of hired/rented automobiles \$							
18. Does your business have any special premises or operations hazards such as owned or chartered watercraft; private docks or wharfs; swimming pools; private roads; mechanical truck loading or unloading facilities; radioactive material; owned, leased or chartered, any dams reservoirs or private railroads. <i>If 'yes' to any of these, please fully describe:</i>							

19. Please provide details of any claims or actions brought against your company, including defense costs and deductible. Include loss experience of companies that have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence	Claim Amounts				Open or Closed
		Reserve	Paid	Expenses	Deductible	

20. Additional comments:

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Signature(s) of All Named Insured(s) (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date:

**Absolutely NO COVERAGE is given by this application form.
Coverage is only given upon written confirmation of binding from ABEX.**

This Section is For Broker Use Only

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*If clicking on **Submit** button above doesn't bring up a new email with this application attached to it, please try using a different browser or save and email the application to **quotes@abexinsurance.com**