



**Leo**  
Risk Services

## MOBILE FOOD VENDORS APPLICATION

Proposed effective date: \_\_\_\_\_

Insured and/or business name if different : \_\_\_\_\_

Federal identification number: \_\_\_\_\_ Website: \_\_\_\_\_

Entity: Individual / Partnership / LLC / Corporation / Other: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Description of operations – type of cuisine, target market, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Years in business: \_\_\_\_\_ If less than 3 years, provide details of experience in the food industry:

\_\_\_\_\_  
\_\_\_\_\_

Days in operation per week: \_\_\_\_\_ Hours of operation: \_\_\_\_\_ Number of sites per day: \_\_\_\_\_

Projected gross annual receipts: \$ \_\_\_\_\_

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Coverage Limits: **All automobile liability and general liability quotes will be at a \$1 million occurrence limit.**

Mobile business personal property limit (POS, supplies, non-permanent equipment): \$ \_\_\_\_\_

Cost of permanent kitchen equipment: \$ \_\_\_\_\_ Spoilage (food) limit: \$ \_\_\_\_\_

Money & securities limit: \$ \_\_\_\_\_ Employee dishonesty limit: \$ \_\_\_\_\_

Medical pay limit: \$ \_\_\_\_\_ UM/UIM limits: \$ \_\_\_\_\_

Physical damage: Comp:  Yes  No Deductible: \$ \_\_\_\_\_ Collision:  Yes  No Deductible: \$ \_\_\_\_\_

Other requested automobile coverage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Are vehicles inspected by the local Department of Health?  Yes  No

Have vehicles passed a state motor vehicle safety inspection?  Yes  No

Does insured have a current mobile food vendor operator's license/permit?  Yes  No

Are vehicles thoroughly and appropriately cleaned daily for the type of operation?  Yes  No

For hot trucks emitting grease-laden vapors, is there UL 300 certification?  Yes  No

For hot trucks, are the hoods and duct system thoroughly cleaned every 3 months?  Yes  No

Do all vehicles have an inspected & tagged 5-pound portable hand extinguisher ?  Yes  No

Are MVR's run on all employees prior to hiring?  Yes  No

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Vehicle Information (please complete the following for each vehicle):

Photos: If available, pictures (inside and outside) of vehicles. Will be required if bound.

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vin #: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of operations: \_\_\_\_\_

Year of conversion: \_\_\_\_\_ Purchase price of vehicle : \$ \_\_\_\_\_ Conversion cost:\$ \_\_\_\_\_

Garaging address: \_\_\_\_\_ Estimated annual miles: \_\_\_\_\_

Are vehicles garaged at commissary or in a private secured lot or secured garage?  Yes  No

If "No", please offer details:

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Driver information (please complete for every driver):

Name: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ License: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

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UMBRELLA/EXCESS LIABILITY (optional) – Some venues or events may require additional coverage

Limit of liability desired: \$ \_\_\_\_\_

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