

Benchmark

MANAGEMENT GROUP, INC.

1730 Park Street, Suite 214 Naperville, IL 60563
Phone: (630) 778-7000 Fax: (630) 778-7007

FOOD DELIVERY APPLICATION

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|---|---|
| 1. NAMED INSURED: First Name: dba: <input type="checkbox"/> See Accord Application <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORP. <input type="checkbox"/> PART. <input type="checkbox"/> OTHER: | 2. MAILING ADDRESS <input type="checkbox"/> See Accord Application PHONE NO.: () _____ |
| TYPE OF COVERAGE SOUGHT: <input type="checkbox"/> Hired <input type="checkbox"/> Non-Owned <input type="checkbox"/> Owned (excess of underlying only) | REQUESTED EFFECTIVE DATE: |
| LIMIT OF LIABILITY <input type="checkbox"/> \$ 100,000. CSL <input type="checkbox"/> \$ 500,000. CSL <input type="checkbox"/> \$1,500,000. CSL <input type="checkbox"/> \$ 300,000. CSL <input type="checkbox"/> \$1,000,000. CSL <input type="checkbox"/> _____ | Need a Quote: <input type="checkbox"/> Excess of driver's insurance policy. <input type="checkbox"/> Excess of a primary policy held by this Applicant. Primary Limit: Primary Carrier: |

OPERATION DELIVERS: Pizza Chinese Food Other _____

Applicant is an: Independent Franchise of: _____

Number of years in business: _____

Annual Delivery Receipts Last Year: \$ _____

Annual Delivery Receipts Coming Year: \$ _____

Total Annual Receipts: \$ _____

Total Number of Owned Vehicles: # _____

Number of Locations needing coverage: _____ Are all locations to be scheduled owned by this applicant? _____
List complete addresses for all locations to be scheduled on the policy or attach a separate list to the application.

Must Attach 5 years of currently valued company hard copy loss runs for a quote

Prior Carrier: _____ Expiring Premium: _____

If new in business or no prior coverage give details of experience & include **No Known Loss or Claim Letter on Insured's Letterhead.**

DRIVER QUALIFICATIONS

What auto liability limits are the drivers required to maintain? _____

Do you have driver requirements: _____ (ATTACH COPY) Do you have driver safety incentives: _____ (ATTACH COPY)

APPLICANT AGREES TO THE FOLLOWING DRIVER CRITERIA: (attach HGT28 form signed by insured)

Driver's MVR's are checked at least every six months and at initial hire to confirm eligibility under insurance policy.

Driver's auto liability insurance is checked at least every six months and at initial hire to confirm at least minimum financial responsibility limits are held and current

All vehicles driven on behalf of the Insured meet the state's safety requirements.

Driver Must be over 18 & have 2 years driving experience and hold a valid drivers license for the residing state.

Driver must have no more than two moving violations in 36 months and one at fault accident.

No major traffic citations or incidents.

I UNDERSTAND THAT I MAY ONLY EMPLOY A DRIVER THAT MEETS THE ABOVE DRIVER CRITERIA.

DATE: _____ SIGNATURE: _____ APPLICANT

PRINT NAME: _____ TITLE: _____