



GRAIN INSURANCE AND GUARANTEE COMPANY

www.graininsurance.com

APPLICATION FOR FOOD CONCESSIONS & HOT DOG CARTS

1. Name of Broker: _____
2. Phone Number: _____ Fax Number: _____
3. Name of Insured: _____
4. Mailing Address: _____
5. Location Address: Various Locations **OR** Permanently at: _____
6. Policy Term: From: _____ To: _____

UNDERWRITING INFORMATION

1. Operations of Insured:
 Hot Dog Cart Chip Wagon Other: (describe) _____
 Annual Seasonal Operating Season From: _____ To: _____
2. # of Years in Operation: _____ # of Years Experience: _____
3. Does the Insured operate outside of Canada? YES NO If "Yes", where & how often? _____
4. Have all provincial licensing/inspections recommendations have been complied with? YES NO
Details: _____ Licence #: _____
5. Receipts: Food: \$ _____ Other: \$ _____ Describe: _____
6. Deep Fat Frying? YES NO # of Fire Extinguishers: _____
7. Automatic Fire Extinguishing System: YES NO Date Last Serviced: _____
Is there a 6 month maintenance contract in place? YES NO
8. Running Water to Unit? YES NO
If no, details of clean water source: _____
9. Adjacent Exposures: _____
10. Protection: Hydrant within 1000' Firehall within 8 km Unprotected
11. Description of Property: Year Manufactured: _____ Manufacturer Name: _____
Model Name: _____ Serial Number: _____

COVERAGES:

1. PROPERTY: Broad Form Named Perils Replacement Cost Actual Cash Value
Permanent structures:
Building: \$ _____ Contents: \$ _____ Other: (describe) _____ \$ _____
Miscellaneous Property Floater – All Risk, 100% coinsurance, Deductible: \$ _____
Unit: \$ _____ Contents: \$ _____ Other: (describe) _____ \$ _____
Unit: \$ _____ Contents: \$ _____ Other: (describe) _____ \$ _____
Other Coverages Required:

2. COMMERCIAL GENERAL LIABILITY:
 \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

LOSS HISTORY – PRIOR 5 YEARS:

| Date | Cause | Amount Paid or Reserved | Deductible or Reimbursement | Insurer |
|------|-------|-------------------------|-----------------------------|---------|
| | | | | |
| | | | | |
| | | | | |

Previous Insurer: _____ Expiring Premium: _____

Has any company declined or cancelled any coverage? Yes No

If yes, please provide details: _____

BROKER RECOMMENDATION:

New Business to this office Currently Insured through this office

If currently insured through this office, why is account being re-marketed? _____

Is applicant known to selling broker? Yes No If yes, How long? _____ Years

Has marketing broker seen this risk? Yes No

Condition of risk? excellent good average fair poor

Financial situation of applicant: not known excellent good average fair poor

Marketing broker's overall opinion of risk: excellent good average fair poor

Completed By: _____

Brokerage Name: _____

Date: _____

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.
The total estimated policy premium is subject to adjustment.**

Signature of Applicant: _____

Signature of Co-Applicant: _____

Date: _____