

Food Vendors (No Liquor)
Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information

Brokerage:

Broker ID:

Broker Address:

City:

Province:

Postal Code:

Broker Contact:

Broker Email:

2. Applicant Information

Name Insureds(s):

Principal(s):

Mailing Address:

City:

Province:

Postal Code:

Risk Location:

City:

Province:

Postal Code:

Website:

Effective Date:

Policy Term: **[12-Month Term]**

Other Policies with ODIS:

Prior Insurance & Expiry Date:

If no prior insurance, please provide reason:

1. Risk Information

Description of Operations

Food Truck	Mobile Food Trailer	Food Stand	Takeout Restaurant
Restaurant (no liquor)	Bakery	Cafe	Other:

Fully describe the nature of your business activities, including types of food served (if no website, attach menu with this form):

Number of years in business:

Year Built:

Number of stories:

Total square footage:

Type of Construction:

2. Building Updates	Type	Year Updated
Electrical		
Amperage		
Heating		
Supplementary Heating		
Plumbing		
Roof		

3. Fire Protection	Yes	No
Hydrant within 300 meters?		
Fire department within 8 Kms?		
Is it a voluntary fire department?		

Who is responsible for snow removal?

4. Additional Information	Yes	No
Is there an annual lease in place?		
Does the insured provide delivery service? <i>*Only third-party delivery platforms are accepted</i>		
Does the risk meet local Fire Code and By-law requirements for its current occupancy?		
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>		

Mobile Unit Specific

Is the unit mobile?		
Is there a trailer hitch lock?		

Where is it commonly stored or parked?

5. Cooking Operation?

Does the operation include deep fat frying?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what type:	<input type="checkbox"/>	Vegetable Oil	<input type="checkbox"/>	Animal Oil
Does the operation include grilling?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
Is the kitchen equipped with an automatic fire extinguisher system (CO2 System)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what type:	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Dry
Is there a 6-month maintenance agreement in place?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Are grease traps cleaned and serviced regularly?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
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>									

6. Employment Information

Number of employees:				Are all employees covered under WSIB?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do your employees use their personal automobile on company business?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please provide details below:			
Estimated annual cost of hired/rented automobiles:											

7. Revenue

Date of financial year end:											
Revenue for last complete financial year:						Revenue estimate for current financial year:					
Is there any revenue other than food sales?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please describe below:				

8. Insurance Loss & History

Has insurance ever been cancelled or refused for this property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
<i>If 'yes', please explain:</i>								
Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>If 'yes', please provide details in below:</i>								

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Coverage Information

9-1. Property Coverages	Limits Required	Deductible
Property (Trailer/Truck)		
Equipment		
Tenants Improvements		
Office Contents		
Stock		
Profits		
Others		

9-2. Liability Coverages	Limits Required	Deductible
Commercial General		
Commercial General Aggregate		
Tenant’s Legal Liability		
Employee Benefits Liability		
Non-Owned Automobile		
Any Specific coverages requested?		

10. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

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.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: