



**AFC Insurance, Inc.**  
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 Bethlehem, PA 18020  
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 E-mail: pizzainsurance@afcins.com website: www.afcpizza.com

## APPLICATION FOR DELIVERY DRIVER LIABILITY

### Employer's Owned Auto Liability

NAPO Member?  Yes  No

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Restaurant Address: \_\_\_\_\_

\*Annual Delivery Receipts for past 12 months: \$ \_\_\_\_\_  
 (If new venture, please provide projected receipts)

Total Gross Receipts for past 12 months: \$ \_\_\_\_\_  
 (If new venture, please provide projected receipts)

Do you have a guaranteed delivery time?  Yes  No

Liability limit: \$1,000,000 C.S.L. FEIN (Fed. Empl. I.D. #): \_\_\_\_\_

Effective date requested: \_\_\_\_\_

\*subject to carrier audit

## APPLICATION FOR OWNED AUTOMOBILES

Business Name: \_\_\_\_\_

**Vehicles:**

Year	Make	Model	Vehicle ID #	**For Pizza Delivery?	*C&C	Cost New
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

\*C&C – Comprehensive and Collision

\*\* If yes, what are the annual delivery receipts using owned automobiles? \$ \_\_\_\_\_

Which vehicles are to have Collision and Comprehensive (C&C)? \_\_\_\_\_

\_\_\_\_\_

All vehicles are registered to the Named Insured and are primarily used in the business of the Named Insured.

Please initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drivers:**

DRIVER LIST			
Name	Date of Birth	License Number	State

**Driver Management Program**  
Must be completed and signed

What is your procedure for hiring drivers? \_\_\_\_\_

You will check driver's records every 6 months  Yes  
(An ordering/checking service can be provided for an annual fee per store)

You will verify driver's personal insurance every 6 months  Yes  
(Driver's names must appear on the insurance card)

You will safety check driver's vehicles every 6 months (A check list can be provided)  Yes

All drivers will be over 18 years old, and have no more than 1 minor violation in last 12 months  Yes  
(Refer to attached MVR (Motor Vehicle Report) Standards)

This coverage will not be bound until all drivers' current driving record reports have been received and reviewed.

Applicant agrees that any driver not acceptable to the Insurance company will be excluded from policy. (Please initial) \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIOR POLICY(IES)/LOSS HISTORY:**

Company/Policy Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Company/Policy Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

During the past 3 years, has any coverage been cancelled, non-renewed, declined or placed in non-standard markets?  Yes  No

Have there been any claims or occurrences that may give rise to a claim for the prior three (3) years?  Yes  No  
If yes, attach summary including date of loss, amount paid and description of loss.

**Authorization:**

I/We understand that no liability is created or assumed by the insurance company until and unless the policy applied for has been issued.

I/We understand that this application is not the policy and in no way supplements, augments, or changes any of the language of the policy. For specific coverage information, please refer to your policy contract.

I/We affirm that the information contained herein is true to the best of my/our knowledge and that it shall be the basis for which this policy issued. I/We hereby authorize the release of claim information from any prior insurer to the Company or its representatives.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_