



AFC Insurance, Inc.
 3101 Emrick Blvd., Suite 318
 Bethlehem, PA 18020
 Phone: (800) 411-4144 Fax: (866) 275-8375
 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: _____

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: _____