

EFFECTIVE: 01/01/2009

PUSH CART PROGRAM Application & Advisory Rates

This insurance is issued pursuant to the California Insurance Code, Sections 1760 through 1780, and the policy is issued by a nonadmitted insurer not subject to regulation by the California Department of Insurance, and the provisions of Article 15.2 (commencing with Section 1063) of Chapter 1 of Part 2 of Division 1, creating the California Insurance Guarantee Association, do not apply to any policy underwritten by a nonadmitted insurer.

QUOTE ONLY REQUEST TO BIND - NET TRUST CHECK, SIGNED TERRORISM & DISCLOSURE ATTACHED
"A" RATED NON-ADMITTED COMPANY

Applicant's Name & Mailing Address: Phone: _____	Producer's Name & Address: Phone: _____ Code: 30-_____
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Location of premises (if different than above) _____

Applicant is: Individual Partnership Corporation Other: _____

Requested Effective Date: From: _____ To: _____

PROGRAM IS DESIGNED FOR INDIVIDUAL VENDOR WITH A PUSH CART, KIOSK, TEMPORARY BOOTH OR TABLE AND REFLECTS 1 ONLY. If additional, must submit for rating.

ELIGIBILITY: Sales of food, beverages (no beer, wine, or liquor), flower, artwork, clothing, jewelry, novelties, and souvenirs.

GENERAL UNDERWRITING INFORMATION:

1. Provide complete business description: _____
2. How long has applicant been in business: _____ Years.
3. Number of owners or officers: _____ Number of employees: _____
4. Annual payroll (excluding owners or officers): \$ _____ Annual gross receipts: \$ _____
5. Does applicant own any other business? Yes No.
If yes, describe: _____
6. Prior carrier: _____
7. Prior losses: Yes No.
If yes, advise dates, descriptions, amount paid: _____
8. Was any policy cancelled or non-renewed in the past 3 years: Yes No.
If yes, please explain: _____

SUBMIT, DO NOT RATE:

- | | |
|-----------------------------------|--|
| More than 1 Cart. | Non-food products manufactured by the applicant. |
| Any loss in the past three years. | Permanent booths. |
| Toys or dolls. | Uncooked fish. |
| Alcoholic Beverage Sales. | Rental Operations. |
| Foreign Products. | Any deviation to the program. |

COMMERCIAL GENERAL LIABILITY

Includes:

- \$2,000,000 General Aggregate / \$1,000,000 Occurrence Limits
- Premises Operations
- Products / Completed Operations
- Personal & Advertising Injury
- \$100,000 Fire Legal (any one fire)
- \$5,000 Medical Payments (any one person)
- No deductible required
- Additional Interests available at no additional charge

Subject to:

- 100% Fully Earned Premium.
- 100% Deposit.

Exclusions:

- Liquor Legal Liability

Additional Insured - Name & Address:
Interest: _____

FLAT CHARGE PREMIUM:

WITHOUT TERRORISM COVERAGE

Premium: \$500.00
 Taxes: \$ 16.13
 Broker Fee: \$175.00
 Total: \$691.13
 Net required \$641.13

WITH TERRORISM COVERAGE

Premium: \$ 525.00
 Taxes: \$ 16.93
 Broker Fee: \$ 175.00
 Total: \$ 716.93
 Net required: \$ 664.43

Commission: 10% 100% Fully Earned Premium No Flat Cancellations

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE OR COMMIT THE COMPANY TO POLICY ISSUANCE
100% Deposit Required (less commission)

Require: Fully completed original signed application, Terrorism & Disclosure forms
The Applicant & Agent represent that the statements are true and that no material facts have been misstated

Applicant's Signature	Date	Producer's Signature	Date
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