

# Canteen/Food Truck Supplement



Name of Applicant/Insured:	Policy Number:	Effective Date:
Broker Name & Number:		In Business Since:

**Required Documentation:**

- ☐ CVOR level II (if applicable)
- ☐ Pictures of outside and inside of the unit(s)

**OPERATIONS**

Select which best describes the Insured's operations:

- ☐ Coffee and/or Sandwich truck
- ☐ Canteen or Food truck no cooking
- ☐ Canteen or Food truck with cooking

Is the Canteen or Food truck used at any one of the following:

- ☐ Carnivals, Fairs, Festivals, or similar events
- ☐ Construction sites
- ☐ Industrial areas, college/university campuses or offices
- ☐ Designated food truck spot on street
- ☐ Other (please provide details):

Does the Insured have the proper licenses and/or permits in place to operate legally in the municipality/province?

☐ Yes ☐ No

If yes, please provide details:

How many employees (including the Insured) are inside the canteen/food truck at any given time?

Does the truck have seating capacity for customers?

☐ Yes ☐ No

If yes, what is the seating capacity:

Does the Insured have a CGL or property policy in place?

☐ Yes ☐ No

If yes, provide the insurer and policy number:

**RADIUS**

Automobile	Normal Radius	Maximum Radius	Furthest Destination	Municipality	Percentage operating in Municipality	Number of locations per day

**ATTACHED MACHINERY/EQUIPMENT**

Automobile	Description of attached equipment	Permanently attached to the vehicle	Value of attached equipment
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>FIRE SUPPRESSION SYSTEM</b>	
Is all equipment, regardless of the fuel source connected to an automatic fuel shut off designed to turn off the fuel supply to all appliances once the extinguishing system has been activated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the truck and/or trailer have a fire suppression system or fire extinguishers installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the fire suppression system properly maintained, inspected, and tested? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured have a set schedule for the fire suppression system maintenance, inspection, and testing? If yes, confirm how often the maintenance, inspection and testing is completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who performs the fire suppression system maintenance, inspection, and testing?	
Are operators trained to take measures in case of fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are operators trained to take precautions to avoid a potential fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured have a schedule for cleaning and degreasing the ducts and other cooking apparatus? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PROPANE EXPOSURE</b>	
How many propane tanks are in the truck and/or trailer at any given time?	
What are the sizes of the propane tanks?	
Does the Insured have the tanks properly maintained, inspected, and tested? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Insured have a set schedule for tank maintenance, inspection, and testing? If yes, confirm how often the maintenance, inspection and testing is completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who performs the tank maintenance, inspection and testing?	
Is there a combustible gas detector in the truck and/or trailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This Supplementary Form is intended to provide information in addition to that provided within the corresponding Application for Automobile Insurance Owner's Form. Consent and disclosure provided within the corresponding Application for Automobile Insurance Owner's Form extend to this Supplementary Form, and the applicant acknowledges that the Application for Automobile Insurance Owner's Form is based on the truth of the information provided herein.

Signature of Applicant/Insured:	Date:
Signature of Broker:	Date: