



Agent Name: \_\_\_\_\_  
 Agent Email: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_  
 Agent # \_\_\_\_\_

## Mobile Concessions Application

### General Information Section

Applicant Name: \_\_\_\_\_

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

Location Address: \_\_\_\_\_

Description of Risk/Operations: \_\_\_\_\_

Proposed Effective Date: From \_\_\_\_\_ to \_\_\_\_\_ Website Address: \_\_\_\_\_

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC  
☐ Nonprofit ☐ Other (Specify): \_\_\_\_\_

Inspection Contact (Name and Phone): \_\_\_\_\_

Audit Contact (Name and Phone): \_\_\_\_\_

### General Liability Section

	Limits of Liability Requested
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage to Premises Rented to You	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

Years in Business: \_\_\_\_\_ Years Experience: \_\_\_\_\_ Annual Gross Receipts: \_\_\_\_\_

Auto liability limits carried? ☐ Yes (Limits Carried-\_\_\_\_\_) ☐ No

Operation is: ☐ Pull Behind Trailer ☐ Food Truck ☐ Ice Cream Truck ☐ Bicycle Cart

Types of Food Served? \_\_\_\_\_

Is ☐ Alcohol or ☐ Tobacco Sold/Served? (If yes, gross receipts?) \_\_\_\_\_

### Inland Marine Section

#### Unit Information

Year	Description	Unit Limit	Contents Limit	VIN/Serial #

Age of Refrigeration Unit: \_\_\_\_\_  
Where is the unit stored while not in use? \_\_\_\_\_  
Is it in a locked building or in the open? \_\_\_\_\_  
Is Any Equip Homemade? ☐ Yes ☐ No If so, please advise: \_\_\_\_\_

**Additional Insured Information**

Name	Address	Interest

**Previous Insurer & Loss History (Prior 3 years)** ☐ **Check here if no losses.**

Year	Company	Premium	Losses Paid	Losses Reserved	Description

**Additional Remarks:**

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**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Fraud Warning: (TN & VA)**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicant's Name & Title (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agent's Phone #: \_\_\_\_\_ Agent's Fax #: \_\_\_\_\_