

## Delivery and Catering Supplemental

**Named Insured:** \_\_\_\_\_ **Application/Policy Number:** \_\_\_\_\_

**Insured Website:** \_\_\_\_\_

**Operations:**

- A. Hours of operation are \_\_\_\_\_ to \_\_\_\_\_  
 Delivery/catering hours:  
 Weekdays are \_\_\_\_\_ to \_\_\_\_\_  
 Weekends are \_\_\_\_\_ to \_\_\_\_\_
- B. Describe any offsite catering operations (i.e. Is food just dropped off, or do employees stay and serve (if both, please give an approximate percentage of each)? Do employees help set up (including tables, chairs, etc.) and tear down after, etc.?: \_\_\_\_\_  
 \_\_\_\_\_
- C. If employees are taken out to assist with catering, what is the maximum number of employees that would travel in any one vehicle? \_\_\_\_\_

**Driver Profile:**

- A. How are employees paid?  
 Hourly       Per Delivery       Flat Salary
- B. Are all drivers between the ages of 20 and 65?      Yes          No      
 If no, list number and ages of drivers below 20 or over 65 years of age:  
 \_\_\_\_\_
- C. Do all drivers satisfy the following criteria?      Yes          No      
 DMV reports run annually and no employees are permitted to drive when they have had:
- Any major violations in the past 5 years (i.e. DUI, Reckless Driving, Hit & Run, Speed Contest, etc.), or
  - Two or more moving violations during the last 36 months, or
  - One at-fault accident and one (1) moving violation during the last 36 months

**Driver Safety:**

- A. New employee orientation plan?      Yes          No
- B. Documented safety meetings with all drivers?      Yes          No
- C. Employee training program for all drivers?      Yes          No
- D. Documented accident investigation?      Yes          No
- E. Hired/Non-Owned commercial auto coverage in place?      Yes          No

**Delivery/Catering Profile (these questions apply to both delivery or catering):**

Total Number of Drivers : \_\_\_\_\_ Radius of Driving Exposures: \_\_\_\_\_

- A. Number of employees who drive personal vehicles? \_\_\_\_\_  
 Driver using their own Vehicles have the following in place:      Yes          No
- Current proof of Insurance OR Auto ID Card on vehicle they are using and
  - Documented Vehicle Inspection Program
- B. Total percentage of receipts from off site delivery/catering: \_\_\_\_\_
- C. Delivery time guarantees?      Yes          No
- D. Delivery of Alcohol?      Yes          No
- E. Seatbelt policy enforced?      Yes          No
- F. Distracted driving policy enforced that limits the use of mobile communication devices, GPS or other technology that could distract a driver?      Yes          No