



Mid America Specialty Markets
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 Columbia, MO 65203
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Food Truck Questionnaire (Attach to an Acord Application)

Policy Number: _____

Applicant's name _____

Address _____

Street City State Zip

Applicant's website address _____ Contact's email address _____

GENERAL INFORMATION

- 1) Provide interior and exterior photos of the food cart, truck or trailer.
- 2) How long have you been in operation? _____
 - a. If less than 3 years, how many years of experience do you have in the food industry? _____
 - b. Describe experience: _____
- 3) List the type of cuisine served: _____
- 4) Hours of operation: _____
- 5) Radius of operations: _____
- 6) Estimated annual gross sales: \$ _____
- 7) Do you sell alcohol? Yes No
- 8) Do you park at a specific location/site for extended periods of time? Yes No
 - a. If yes, how many locations/sites per day? _____
 - b. Describe the locations/sites: _____
- 9) Describe the cleaning and sanitation schedule for the food truck/cart: _____
- 10) Has the local Department of Health inspected your operation? Yes No
 - a. If yes, provide a copy of the most recent inspection.
- 11) Do you have a Mobile Food Vendor permit/license? Yes No
 - a. If yes, provide the permit #. _____
- 12) Have you ever been cited for any health code violations? Yes No
- 13) List the type of hand held fire extinguishers kept in the food truck/cart: _____
- 14) Does your cooking emit grease-laden vapors? Yes No
 - a. If yes, is the cooking area protected by an extinguishing system meeting UL 300 standards? Yes No
 - b. If yes, do you have a semi-annual servicing/cleaning contract for the extinguishing system? Yes No



MOBILE EQUIPMENT/AUTO

- 1) Cost new of the food cart/trailer or auto, prior to conversion: \$ _____
- 2) Conversion cost of the food cart/trailer or auto (permanently installed equipment): \$ _____
- 3) Provide the cost of your mobile personal property (non-permanent equipment): \$ _____
- 4) Is vehicle safety and maintenance program in place? Yes No
- 5) Do you obtain and review MVR information for all drivers? Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature	Date
Agent's Signature	Date
Agency Name	