



Food Truck Risk Evaluation Questionnaire

Served Hot & Fresh By



GENERAL INFORMATION

Company Name:

Food Truck Operating Name:

Owner Name:

Date of Birth:

Mailing Address:

City: Province:

Phone Number

Email Address:

Address of Operations:

RISK INFORMATION

Description of operations:

Type of food served:

Is there any deep fat frying or other hot services, if so what?

Do you serve liquor? Yes
 No

Are there any other operations by the same ownership name? Yes
 No

If yes, please describe:

Year the company was established?

Years of Experience in the Food truck, cart or service industry?

How many employees?

Estimated Payroll

Area of operations including special events?

Estimated Gross Revenue:

Is the food truck equipped with:

Automatic extinguishing System Deep Fat Fryer Grill (hot plate) Fridge Freezer
 Oven/rotisserie Other

Is there a 6 month maintenance contract for the automatic extinguishing system? Yes
 No
 Yes
 No

If yes, type Wet Dry

Is there a maintenance contract for the hood and ducts? Yes No

Number of portable fire extinguishers?

Type of fuel used for the cooking apparatus?

Value of equipment installed and attached?

Where will the food truck be parked when not in use?

INSURANCE INFORMATION

Do you currently have a commercial insurance policy?

- Yes
 No

If yes, what insurance company are you currently with?

Policy number

Expiry date?

Has any insurance company cancelled, lapsed or declined coverage?

- Yes
 No

If yes, please explain:

Any claims in the last 6 years?

- Yes
 No

If yes, please describe what happened, when the claim occurred and the approximate payout?

COVERAGES

COMMERCIAL
GENERAL
LIABILITY LIMIT

Equipment Limit:

Stock Limit:

Crime Coverage:

- Yes
 No

Deductible:

VEHICLE INFORMATION

Vehicle Year

Make

Model

VIN Number

List Price New

Purchase Date

Purchase Price

Will the vehicle be used to haul trailers? Yes No

Where is the vehicle serviced, maintained and repaired?

TOWED VEHICLE/FOOD TRAILER INFORMATION (If Applicable)

Vehicle Year

Make

Model

VIN Number

List Price New

Purchase Date

DRIVER INFORMATION

How many drivers?

DRIVER (please complete for each driver)

Name

Date of Birth

Years licensed

License class

Drivers License Number

Years of Continuous Insurance?

At fault claims in the last 6 years Yes No

If yes, explain the claim date and what occurred

Amount of convictions in the last 3 years ?

Suspended in the last 6 years? Yes No

DRIVER (Driver 2 – If Applicable)

Name

Date of Birth Years licensed License class

Drivers License Number

Years of Continuous Insurance?

At fault claims in the last 6 years? Yes No If yes, explain the claim date and what occurred

Amount of convictions in the last 3 years? Suspended in the last 6 years? Yes No

VEHICLE COVERAGE

Liability limit:

Collision Yes No Deductible:

Comprehensive Yes No Deductible:

MISCELLANEOUS INFORMATION CHECKLIST

Vehicle Inspection Report if over 12 years old:

Copy of Bill of sale:

Equipment inventory list:

Email Your Completed Form To:

Nicole@gobluecircle.com or dan@gobluecircle.com