

FIRE MARSHAL
Jason Osika, FM-1



City of Dover
Fire Marshal's Office
15 Loockerman Plaza
Dover, De 19901

DEPUTY FIRE MARSHALS
Matthew Brown, FM-2
Sean Christiansen, FM-3
Phillip Lewis, FM-4

Phone: 302-736-4457
Fax: 302-736-4217

Food Trucks Inspected and Authorized by the City of Dover Fire Marshals Office

**This list is for food trucks operating within the City of Dover limits.*

**If you would like to be listed on the authorized list of food trucks by the City of Dover Fire Marshal's Office, please contact us at 302-736-4457. We require an annual fire and life safety inspection which includes proof of State of Delaware Public Health license and NFPA requirements including a compliant NFPA 96 hood and hood suppression system if producing grease laden vapors. When participating in events held within the City of Dover you will not be required to show your DPH permit since we will have it on file.*

Ater's

Beckey's Hotdog

Bite My Bunz

Chick-Fli- A

Cousins Maine Lobster

Cucina Veloce

Falling off the Bone BBQ

Food 2 Go Trailer

Food 2 Go Truck

Gourmandise La Baguette

Haas's on the Go

Have a Ball

Home Skillet

House's Rockin BBQ

K & A Eat's LLC

K & R Concessions

Karibbean Grill & BBQ

Love That Plate

Mojo Loco #2 MoJo Truck

Mojo Loco #3 Gastro Truck

Mr. Hotdog

Nacho Depot

Out of the Ordinary Catering

Ric Nic's

Roho Sandwich Co.

Sabor Latino

Scraped the Plate

Seafood at the Shack

Shay's Seafood & Soul

Stix Chicken

Sweets & Treats

Taco Jardin

Taqueria el Galito

Tenchi

The Little Sicilian

The Munchie Machine

The Snack Shack

Tracian's Eatery LLC

Vern's Catering

White & Associates

Woody's on Wheels

Zaikka on Wheels

All food trucks are required to
have a COI for city events - see
example on next page.

Updated: 05/17/2023

THIS IS AN EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
EXAMPLE ONLY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER This is where the name of the company will show	CONTACT NAME: REQUIRED		
	PHONE (A/C, No, Ext): REQUIRED	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED Company/ Entity that is being insured	INSURER A : REQUIRED		NAIC # REQUIRED
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <i>Must be added if alcohol is included</i> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		REQUIRED	REQUIRED	REQUIRED	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			IF IT IS REQUIRED FOR YOUR EVENT	REQUIRED	REQUIRED	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			REQUIRED	REQUIRED	REQUIRED	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			REQUIRED	REQUIRED	REQUIRED	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event - Name of Event and the Date the following must also be included

"City of Dover is an additional insured as respect to the liability arising out of the activities or operations of the named insured in relationship with the City of Dover, Waiver of Subrogation."

CERTIFICATE HOLDER

CANCELLATION

City of Dover
15 Loockerman Plaza
Dover, DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS IS AN EXAMPLE ONLY