



Flea Markets/Swap Meets/Bazaars General Liability Application

GENERAL INFORMATION

Name _____
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
No. Street
City
County
State
Zip Code

3. Inspection Contact _____ Phone () _____
 Audit Contact _____ Phone () _____
 Claims Contact _____ Phone () _____

4. Telephone () _____ Fax () _____

5. Website _____

7. Applicant is: Sole Proprietor Partnership Corporation Limited Liability Company Other

8. Policy proposed effective date _____ to _____

COVERAGES/LIMITS

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
 - Personal and Advertising Injury \$ _____ Personal and Advertising Injury
 - Contractual Liability \$ _____ Each Occurrence
 - Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
 - Medical Payments \$ _____ Medical Payments

Deductible: \$1,000 \$2,500 \$5,000 Other _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS							
LOC #	CLASSIFICATION	PREMIUM BASIS	TERR.	RATE		PREMIUM	
				PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

		(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			
--	--	---	--	---	--	--	--

OPERATIONS

1. Describe all business operations conducted by applicant: _____

2. Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary):

3. interest of applicant in such premises: Owner General lessee Tenant

4. Number of years in business: _____
5. Do YOU have a parking lot? Yes No
 If yes, state area: _____
 If applicant charges for the use of the parking lot, indicate gross receipts from this operation: _____
 Indicate type of surface: Gravel Black top Concrete
 Is area checked regularly for potholes and uneven surfaces? Yes No
 Is the lot lighted? Yes No

6. Facility is: Indoor Outdoor Drive-in theater Other (please describe): _____
 If indoor, is there an emergency lighting system? Yes No How many exits? _____
 How are cleanups of spills handled? _____
 If outdoor, is there access to a phone for emergencies? Yes No
 Who is responsible for sanitary facilities? _____

7. Number of vendor spaces: _____ Annual gross receipts from space rental: \$ _____

8. Is there an admission charge? Yes No Annual gross receipts from admissions: \$ _____

9. What is average daily attendance? _____

10. How many days a week is facility open? _____

11. Does applicant provide display booths? Yes No If yes, please describe: _____
 Are materials fire resistive? Yes No

12. Does aisle space meet local fire department regulations? Yes No

13. Are fire extinguishers kept on premises? Yes No How often are they serviced? _____
14. Does applicant utilize a lease agreement? Yes No If yes, please provide a copy.
15. Is applicant provided with a certificate of insurance and additional insured endorsement from vendors? Yes No
16. Does applicant have any golf carts? Yes No If yes, how many? _____
17. Does applicant employ any security guards? Yes No Armed Unarmed
If armed, how many? _____ Payroll: _____
If independent contractors, are certificates of insurance obtained? Yes No
18. Does applicant have Workers' Compensation coverage in force? Yes No
19. Total number of employees: _____
20. Does applicant lease employees? Yes No
21. Is liquor allowed on premises? Yes No
22. Does applicant sponsor any special events or promotions? Yes No If yes, please describe: _____

23. Do any vendors offer amusement rides? Yes No If yes, please describe: _____

24. Does applicant use any traffic control? Yes No If yes, please describe: _____

25. Does applicant sell food or merchandise or act as a vendor? Yes No
If yes, please describe and provide applicable area and gross receipts: _____

26. Does applicant store petroleum products in underground tanks, L.P.G., flammable liquids, ammunition or explosives on the premises?
 Yes No If yes, type and quantity stored: _____

27. Does applicant subcontract work? Yes No If yes, state type: _____
Are certificates of insurance required from all subcontractors? Yes No
28. Does applicant lend, lease, or rent any equipment to others? Yes No
If yes, state the type of equipment involved and the gross receipts derived there from: _____

CURRENT GENERAL LIABILITY INFORMATION
--

1. Prior insurance carrier and losses whether covered by insurance or not for the past three full years.

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

2. **Missouri Applicants: DO NOT answer this question.**

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason. _____

- 3. Do you require staff to report all unusual incidents and all incident reports reviewed by management? Yes No
- 4. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application which may give rise to a future claim? Yes No

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address