

Agent Name _____
and Address _____
Phone _____ Fax _____

Flea Markets/Swap Meets/Bazaars Supplemental Application

General Information

Proposed Effective Date _____
Applicant Name (Legal) _____ Applicant Name (DBA) _____
Web Address _____ Phone _____

Number of years experience _____
Number of years the business has been in this location _____
Number of years the applicant has owned this business _____ Check if New Venture
Hours of Operation From _____ To _____ Number of days business is open per week _____

Have you owned another business under a different name or entity? Yes No
If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
If yes, please explain: _____

Operations

1. Describe all business operations conducted by applicant: _____

2 Locations, age and construction of all premises owned, rented, or controlled by applicant: _____

3. Interest of applicant in such premises: Owner General lessee Tenant
Part occupied by the applicant: Entire Portion None

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

5. 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 cleanup spills handled? _____
If outdoor, is there access to a phone for emergencies? Yes No
Who is responsible for sanitary facilities? _____

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

7. Is there an admission charge? Yes No

If yes, Annual gross receipts from admissions: \$ _____

8. What is the daily average attendance? _____

9. Does applicant provide display booths? Yes No If yes, please describe: _____

Are materials fire resistive? Yes No

10. Do aisle space meet local fire department regulations? Yes No

11. Are fire extinguishers kept on premises? Yes No How often are they serviced: _____

12. Does applicant utilize a lease agreement? Yes No If yes, please provide a copy.

13. Is applicant provided with a certificate of insurance and additional insured from vendors? Yes No

14. Does applicant have any golf carts? Yes No If yes, how many? _____

15. Does applicant employ any security guards? Yes No

If yes, please indicate: Armed Unarmed

If armed, how many _____ Payroll: _____

If independent contractors, are certificates of insurance obtained? Yes No

16. Does applicant have Workers' Compensation coverage in force? Yes No

17. Total number of employees: _____

18. Does applicant lease employees? Yes No

19. Is liquor allowed on premises? Yes No

20. Does applicant sponsor any special events or promotions? Yes No If yes, please describe: _____

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

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

23. Does applicant sell food or merchandise or act as a vendor? Yes No

If yes, please describe and provide applicable area and gross receipts: _____

24. 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: _____

25. Does applicant subcontract work? Yes No If yes, state type: _____

Are certificates of insurance required from subcontractors? Yes No

26. 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 therefrom: _____

Premises -Operations

Give complete description including parking lot area for all stores

Location Number	Description of Exposures	Premium Bases/Gross Sales

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____