



Concessionaire and Vendors Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

[Empty box for Description of Operations]

How many years has the applicant been at the current location? _____

Liability Section

- Limit: [checkbox] \$100,000/\$200,000 [checkbox] \$300,000/\$600,000 [checkbox] \$500,000/\$1,000,000 [checkbox] \$1,000,000/\$1,000,000
[checkbox] \$1,000,000/\$2,000,000 [checkbox] \$1,000,000/\$3,000,000 [checkbox] \$2,000,000/\$2,000,000 [checkbox] \$2,000,000/\$3,000,000

Type of Stand (Choose One):

- [checkbox] Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.)
[checkbox] Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)
For "Outdoor," please indicate if stand operated at: [checkbox] Same location daily, or [checkbox] Varying locations
[checkbox] Fair or flea market vendor
For "Fair or flea market vendors," is stand operated at: [checkbox] The same event throughout year, or [checkbox] At varying events
If at varying events throughout the year, provide the number of events: _____
[checkbox] Seasonal lot or tent (Christmas trees, flowers, pumpkins) - 90 day term

Annual sales: \$ _____

Does applicant operate as a concessionaire or vendor engaged in the retail sales of goods from a truck (only if permanently stationary and never moves), trailer or cart (may be attached to a vehicle), pushcart, stand, kiosk, table, booth or bicycle vending cart?

[checkbox] Yes [checkbox] No

Does applicant sell any of the following products (not including prepaid food or beverage): [checkbox] Yes [checkbox] No

- Collectables or memorabilia "Home Made" products Hearing aids
Optical goods (prescription) Used or refurbished products Hobby or craft
Goods manufactured by applicant Under own brand or label Goods packaged, or prepackaged by applicant
Any products directly imported by applicant Toys

Additional Coverage:

Warehouses and offices: General liability and property coverage is also available for warehouse or office locations. If any warehouse or office locations are to be scheduled, please complete the "Warehouse or Office Locations" section on Page 4 of this application.

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages [checkbox] None, or provide detail below.

Table with columns: Year, Status, Incurred, Description

Inland Marine Coverages [checkbox] None, or provide detail below.

Table with columns: Year, Status, Incurred, Description

Inland Marine Section (If bound, scheduled property requires description of each item, year, manufacturer, model serial number and limit of insurance for each item)

Limit of insurance for scheduled property and equipment: \$ _____

Limit of insurance for miscellaneous property (\$2,500 maximum per item): \$ _____

Deductible: [checkbox] \$500 [checkbox] \$1,000 [checkbox] \$2,500 [checkbox] \$5,000

III. ELIGIBILITY CRITERIA

- 1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years True False
- 2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) True False
If "False," advise reason _____

General Liability

- 3. The applicant has not, is not and will not act as a franchisor (grantor of a franchise) True False
- 4. No leasing or subleasing of premises to others True False
- 5. Not operating inside an amphitheater, arena, ball park, concert hall, stadium or theatre True False
- 6. Applicant is not responsible for more than 40 stands/kiosks True False
- 7. Applicant is not the owner, organizer, or sponsor (other than financial sponsor) of a fair, festival, carnival, market, exhibit or similar event (booth operator or financial sponsors are eligible) True False
- 8. Does applicant sell any of the following products: Yes No

- | | | |
|---------------------------------|----------------------------------|------------------------|
| Ammunition, firearms or weapons | Fireworks | Cars or vehicles |
| Massage products | Fire or security alarm or device | Goods rented to others |
| Flying or aerial objects | Medical supplies | |
- 9. Does applicant operate or provide any of the following services: Yes No
- | | | |
|---------------------------------|-------------------------|-----------------------------------|
| Acupressure or massage services | Rock climbing walls | Contracting or construction |
| Athletic clubs or activities | Tattoo or body piercing | Bathroom attendants |
| Games of chance | Transportation services | Ice cream trucks (mobile) |
| Farms | Coat check | Lunch or catering trucks (mobile) |
| Mechanical rides | | |

Inland Marine

- 1. Property or equipment is not salesperson's samples True False
- 2. Property is not ocean marine or property on the water True False
- 3. Property or equipment is not routinely sent by mail or parcel post True False
- 4. Insured does not lease, loan or rent covered property or equipment to others True False
- 5. Property or equipment is not left unlocked and/or unsecured when not in use True False
- 6. No objects are unique or difficult to replace, rare or collectible True False
- 7. Applicant is not a stamp dealer or trading card dealer True False

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other

What year did the business start? _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____

Warehouse or Office Locations

I. GENERAL INFORMATION

1. This location is a : Warehouse, or Office

Location address: _____

City: _____ State: _____ Zip: _____

2. Area occupied by the applicant: _____ sq. ft.

II. PROPERTY (available only for warehouse and/or office locations)

3. Construction: Frame Non-combustible Modified fire-resistive
 Joisted masonry Masonry non-combustible Fire-resistive

4. Protection class: _____

5. Cause of loss: Basic Special Valuation: Replacement cost Actual cash value

6. Deductible: \$1,000 \$2,500 \$5,000 Coinsurance: 80% 90% 100%

7. Business personal property limit: \$ _____

8. Business income and extra expense limit: \$ _____

9. What type of burglar alarm is on the premises? Central station Local None

10. Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

For Building Owners Only:

11. Building limit: \$ _____

12. What year was the building constructed? _____

13. If the building is older than 10 years old, please complete the following:

Roof type: Flat Wood shake Shingle Metal Tile Slate Other

Year of latest roof update: _____

Plumbing type: PVC Copper Lead Galvanized Other

14. Total square foot area of building: _____

15. Does the applicant lease any apartments at this location? Yes No

If "Yes," number of units _____ applicable sq. ft. _____.

III. LOSS INFORMATION FOR THE PAST THREE YEARS

16. Property Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ELIGIBILITY:

Liability

17. All office or warehouse locations are for the operation or storage of merchandise for your concessionaire or vendor business only True False

Property

18. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False

19. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring N/A True False

20. Functioning and operational fire extinguishers readily available True False

21. Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False

22. No antiques, collectables or reconditioned business personal property True False

Applicant's signature _____ Title _____ Date _____