



FLEA MARKETS / SWAP MEETS / BAZAARS

(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

1) Describe all business operations conducted by the applicant: _____

2) Interest of applicant in the premises: Owner Applicant

3) Number of years in business: _____

4) Facility is: Indoor Outdoor Drive-in theater Other (please Describe): _____

5) Does applicant 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 operations: _____

Type of surface: Gravel Black Top Concrete

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

7) Is there an admission charge? Yes No Gross annual receipts from admissions. _____

8) What is the average daily attendance? _____ Days open per week? _____

9) Does the applicant provide display booths? Yes No If yes please describe: _____

Are the materials fire restrictive? Yes No

10) Does aisle space meet local fire department regulations? Yes No

11) Does the applicant utilize a lease agreement? Yes No

12) Does the applicant have any golf carts? Yes No If yes, how many? _____

13) Does the applicant employ any security guards? Yes No If yes, Armed Unarmed

14) Does the applicant lease employees? Yes No

15) Do vendors offer amusement rides? Yes No If yes, please describe _____

16) Does the applicant use any traffic control? Yes No If yes, please describe _____

17) Does the applicant sell food or merchandise or act as a vendor? Yes No

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

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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____