



CARRIER:

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Concessionaire and Vendors Product Application

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:

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

Liability Section

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000
 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$3,000,000

Classification:

Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.)

Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)

For "Outdoor", please indicate if stand operated at:

Same location daily Varying locations Fair or flea market vendor

For "Fair or flea market vendors", is stand operated at:

The same event throughout year Varying events

For "Varying events", provide the number of events: _____

Seasonal lot or tent (Christmas trees, flowers, pumpkins) – 90 day term

Mobile Truck Vendor (motorized truck or vehicle)

Food truck Merchandise (no food) truck

Annual sales: \$ _____ Number of trucks/stands: _____

Does applicant park at a specific location (public street, school campus, fair/carnivals, etc) for at least one (1) hour selling to customers? Yes No

Does applicant park at a specific construction site, office building or manufacturing building, for the purpose of selling breakfast and/or lunch to the workers or employees of that site or building? Yes No

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

- Collectables or memorabilia Homemade products Toys
- Goods manufactured by applicant Optical goods (prescription) Under own brand or label
- Hearing aids Packaged or prepackaged goods Used or refurbished products
- Hobby or craft Products directly imported by applicant

Additional Coverage for 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 THREE YEARS

Liability Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____

Inland Marine Coverages None, or provide detail below.

Year	Status	Incurred	Description
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____

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: \$500 \$1,000 \$2,500 \$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
- | | | |
|---|---|---|
| <input type="checkbox"/> Ammunition, firearms or weapons | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Massage products |
| <input type="checkbox"/> Cars or vehicles | <input type="checkbox"/> Flying or aerial objects | <input type="checkbox"/> Medical supplies |
| <input type="checkbox"/> Fire or security alarm or device | <input type="checkbox"/> Goods rented to others | |
9. Does applicant operate or provide any of the following services: Yes No
- | | | |
|--|--|--|
| <input type="checkbox"/> Acupressure or massage services | <input type="checkbox"/> Farms | <input type="checkbox"/> Rock climbing walls |
| <input type="checkbox"/> Athletic clubs or activities | <input type="checkbox"/> Games of chance | <input type="checkbox"/> Shoe shine |
| <input type="checkbox"/> Bathroom attendants | <input type="checkbox"/> Ice cream trucks (mobile) | <input type="checkbox"/> Tattoo or body piercing |
| <input type="checkbox"/> Coat check | <input type="checkbox"/> Lunch or catering trucks (mobile) | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Contracting or construction | <input type="checkbox"/> Mechanical rides | |
10. Does or will applicant ever operate in an ice cream truck or in the manner of a traditional ice cream truck i.e. selling any goods while continually moving and stopping temporarily at the request of a prospective customer(s)? Yes No
11. Applicant sells goods to customers directly from a motorized truck or vehicle (ie from window or side/back panel) True False
12. Applicant does not generate more than 50% sale of tobacco, tobacco products, hookah, electronic cigarettes or other tobacco related products True False
13. Operations do not involve customers entering on or into premises owned or leased by the applicant to shop True False

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: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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.

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.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine 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

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

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.

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.

Oregon Fraud Statement: Notice to Oregon applicants: 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 may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio 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, Virginia 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 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 is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) 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.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only 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.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this Application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____

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
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____
_____	<input type="checkbox"/>	\$ _____	_____

IV. 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 _____