

# 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 3 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:

### 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

Type of Stand (Choose One):

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, or  Varying Locations

Fair or Flea Market Vendor

For Fair or Flea Market Vendors, is stand operated at:  The same event throughout year, or  at varying events

If at varying events throughout the year, provide the number of events: \_\_\_\_\_

Seasonal Lot or Tent (Christmas Trees, Flowers, Pumpkins) – 90 day term

Annual Sales: \$ \_\_\_\_\_

Does Applicant sell any of the following products (not including prepaid food or beverage):  Yes  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

None, or provide detail below.

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

### Inland Marine Coverages

None, or provide detail below.

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

### 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 & 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 bankruptcies, tax or credit liens against the applicant in the past 5 years  True  False
2. Coverage has not been cancelled or non-renewed in the last 3 years (not applicable in Missouri)  True  False
If False, advise reason \_\_\_\_\_

**General Liability**

- 1. The applicant has not, is not and will not act as a franchisor (grantor of a Franchise)  True  False
2. No leasing or subleasing of premises to others  True  False
4. Not operating inside an amphitheater, arena, ball park, concert hall, stadium, or theatre with seating for more than 2,500  True  False
5. 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
6. 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
7. 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 used or located on or in 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 antique 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/Email Address: \_\_\_\_\_

Audit Contact Name: \_\_\_\_\_ Telephone/Email 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: 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.

**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 & Extra Expense Limit: \$
9. What type of burglar alarm is on the premises?  Central Station  Local  None

### For Building Owners Only:

10. Building Limit: \$ \_\_\_\_\_
11. What year was the Building constructed? \_\_\_\_\_
12. 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
13. Total Square Foot Area of Building: \_\_\_\_\_
14. 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 3 YEARS

15. Property Coverages  None, or provide detail below.
- | Year  | Status      | Incurred | Description |
|-------|-------------|----------|-------------|
| _____ | Open/Closed | \$ _____ | _____       |
| _____ | Open/Closed | \$ _____ | _____       |
| _____ | Open/Closed | \$ _____ | _____       |

## III. ELIGIBILITY:

- Liability**
16. All office or warehouse locations are for the operation or storage of merchandise for your concessionaire or vendor business only  True  False
- Property**
17. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers  N/A  True  False
18. For any building built prior to 1978, there is no aluminum wiring or knob & tube wiring  N/A  True  False
19. Functioning and operational fire extinguishers readily available  True  False
20. Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False
21. No antiques, collectables, or reconditioned business personal property  True  False

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_