

# Specialty Lines

## UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

### Flea Markets/Swap Meets/Bazaars General Liability Application

Applicant's Name	_____
Mailing Address	_____ _____
Location	_____ _____

Agent Name	_____
Address	_____ _____

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
12:01 A.M., Standard Time at the address of the Applicant

**Applicant is:**     Individual             Corporation             Partnership             Joint Venture  
                          Limited Liability Company             Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$ Excluded	
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

1. Describe all business operations conducted by applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. Number of years in business: \_\_\_\_\_

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 operation: \_\_\_\_\_  
 Indicate type of surface:  Gravel  Black top  Concrete  
 Is area checked regularly for potholes and uneven surfaces?  Yes  No  
 Is the lot lighted?  Yes  No
6. **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 cleanups of spills handled? \_\_\_\_\_  
 If outdoor, is there access to a phone for emergencies?  Yes  No  
 Who is responsible for sanitary facilities? \_\_\_\_\_
7. **Number of vendor spaces:** \_\_\_\_\_ Annual gross receipts from space rental: \$ \_\_\_\_\_
8. **Is there an admission charge?**  Yes  No Annual gross receipts from admissions: \$ \_\_\_\_\_
9. **What is average daily attendance?** \_\_\_\_\_
10. **How many days a week is facility open?** \_\_\_\_\_
11. **Does applicant provide display booths?**  Yes  No If yes, please describe: \_\_\_\_\_  
 Are materials fire resistive?  Yes  No
12. **Does aisle space meet local fire department regulations?**  Yes  No
13. **Are fire extinguishers kept on premises?**  Yes  No How often are they serviced? \_\_\_\_\_
14. **Does applicant utilize a lease agreement?**  Yes  No If yes, please provide a copy.
15. **Is applicant provided with a certificate of insurance and additional insured endorsement from vendors?**  
 Yes  No
16. **Does applicant have any golf carts?**  Yes  No If yes, how many? \_\_\_\_\_
17. **Does applicant employ any security guards?**  Yes  No  Armed  Unarmed  
 If armed, how many? \_\_\_\_\_ Payroll: \_\_\_\_\_  
 If independent contractors, are certificates of insurance obtained?  Yes  No
18. **Does applicant have Workers' Compensation coverage in force?**  Yes  No
19. **Total number of employees:** \_\_\_\_\_
20. **Does applicant lease employees?**  Yes  No
21. **Is liquor allowed on premises?**  Yes  No
22. **Does applicant sponsor any special events or promotions?**  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
23. **Do any vendors offer amusement rides?**  Yes  No If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

24. Does applicant use any traffic control?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

26. 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: \_\_\_\_\_

\_\_\_\_\_

27. Does applicant subcontract work?  Yes  No If yes, state type: \_\_\_\_\_

Are certificates of insurance required from all subcontractors?  Yes  No

28. 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: \_\_\_\_\_

\_\_\_\_\_

29. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri)  Yes  No

If yes, explain: \_\_\_\_\_

**Previous Insurer: Indicate premium and losses for past three years. Describe all losses.**

Year	Company	Pol. #	Premium	Losses Paid	Losses Reserved	Description

Loc. No.	Description of Exposures	Premium Bases: Gross Sales
	Premises—Operations (Give complete description including parking lot area for all stores)	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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 that stated value of the claim for each such violation.

**FRAUD WARNING:**

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.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_  
***(Applicable to Florida Agents Only.)***

Name and Phone Number of individual to contact for inspection/audit \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**