

## FLEA MARKET APPLICATION SUPPLEMENT

1.	Proposed First Named Insured & Other Named Insured(s):							
2.	Mailing Address	Street	City		County	Stat	e	ZIP Code
3.	Location Address	Street	City		County	Stat	e	ZIP Code
4.	Telephone:		Fax:					
5.	Contact person/phon	e#: In	spection:	1				
		Ad	Accounting/Records:					
		W	ebsite:					
6.	Proposed Effective D	ate: From:		-	Го:			
BUS	SINESS INFORMATIO	N						
1.	Business Type:	Individual	☐ Partnership	Corpo	oration	LLC	Trust	
		Other (spec	cify):					
2.	Operating as:	For Profit	☐ Nonprofit	Other	:			
3.	Interest of Named Ins	sured in pren	nises:   Owner	☐ General L	essee	☐ Tenant		
			Other:					
4.	Part occupied by Nar	med Insured:	☐ Entire	☐ Portion (	%)	Other (L	essor's Risk	Only)
5.	Date business establ	ished:						
6.	Describe all business	s operations of	conducted:					
7.								
	Location Age Cons				onstruction			
							Yes	No
8.	Do you have a narkin	na lot?						
0.	B. Do you have a parking lot?  If yes, state area:							Ш
	If you charge for parking lot use, indicate gross receipts from this operation: \$							
Type of surface: Gravel Black Top Concrete								
	Is area checked regularly for potholes and uneven surfaces?							П
9.	Facility is:							
	,	 ☐ Other (de	scribe):					
	Describe how cleanups of spills are handled:							
	If outdoor, is there access to a phone for emergencies?							
	Sanitary facilities resp	•	•					_
10.								
		aces:						
	Annual gross receipts		rental: \$					
11.		s from space	rental: \$				<u> </u>	

12.	Average daily attendance:		
13.	Days per week facility is open:		
•		Yes	No
14.	Do you provide display booths?		
	If yes, describe:	_	_
4.5	Are materials fire resistive?		
15.	Does aisle space meet local fire department regulations?		
16.	Are fire extinguishers kept on premises?	Ш	
17	Frequency serviced:		
17.	Do you utilize a lease agreement?  If yes, obtain a copy for the file.	Ш	Ш
18	Are you provided with a certificate of insurance and additional insured endorsement from		
10.	vendors?	Ш	
19.	Do you have any golf carts?		
	If yes, how many:		
20.	Total number of employees:		
21.	Is liquor allowed on premises?		
22.	Do you sponsor any special events or promotions?		
	If yes, describe:		
23.	Do any vendors offer amusement rides?		
	If yes, describe:	_	
24.	Do you use any traffic control?		
05	If yes, describe:		
25.	Do you store petroleum products in underground tanks, LPG, flammable liquids, ammunition or	Ш	Ш
	explosives on the premises?  If yes, indicate type and quantity stored:		
26.	Do you subcontract work?		
20.	If yes, indicate type:	ш	Ш
	Are Certificates of Insurance required from all subcontractors?		
27.	Do you lend, lease or rent any equipment to others? If yes, indicate:	Π	Ä
	Type of equipment:	_	_
•	Gross receipts: \$		
PRE	EMISES		
1.	Age of Building: Construction:		
2.	Number of Floors: Total Sq. Footage: Number of Exits:		
	Yes No		
3.	Central Station Alarm?		
	Emergency Lighting?		
	Fully Sprinklered?   If no, describe extent of sprinklering:		
4.	Last update: Wiring: Plumbing:		
_	Yes No		
5.	Smoke detectors in: All Rooms		
6.	Are there any swimming pools?		
7.	Has emergency evacuation plan been prepared?		
8.	Are both scheduled and unscheduled fire and emergency drills conducted?		
9.	Are emergency facilities readily available?		
	If yes, describe:		

			1	1				
Loc. #	Description of Exposure	Premium Base	es	Gross Sales				
PREVIO	JS INSURER & LOSS HISTORY – Attach	separate sheet if r	ecessary	See Loss F	Runs Attached			
	Applicants: <b>DO NOT</b> answer this question							
	rance of this type been cancelled, refused,		ny company during	the past 3 ye	ars?			
☐ No ☐	Yes – If Yes, give name of company, dat	te, and reason:						
Indicate a	all claims or losses (regardless of fault and	whether or not insur	ed) or occurrences	that may give	rise to claims for			
the past 3	, -	Whether of hot mou	ca) or occurrences	that may give	The to dialitie for			
Year		Policy Number	Coverage	Check if	. Premium			
Teal	Carrier	Policy Nulliber	Coverage	Claims-Mac	le Premium			
					_			
FRAUD	STATEMENTS							
	<b>A:</b> Any person who knowingly and with infolication containing any false, incomplete,							
	ANA and MAINE: It is a crime to knowingly for the purpose of defrauding the compar							
Refer to	Refer to the Core Application for all Fraud Statements.							
IMPORT	ANT NOTICE							
DECLA								
I DECLA	RE THAT THE STATEMENTS MADE IN	THIS PPLICATION A	RE COMPLETE A	ND TRUE.				
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning								
	er, general reputation, and credit history. Ut if the report, if one is made, will be provided		uest, additional info	ormation as to	the nature and			
SIGNAT	URES							
Applicant S	Signature	Title		Date				
Producer S	Signature			Date				
Producer N	Name and Address			I				