

## STREET VENDORS APPLICATION SUPPLEMENT

1.	Proposed First Named Insured & Other Named Insured(s):											
2.	Mailing Address	Mailing Address Street			City	County		State	ZIP Code			
3.	Location Address	ation Address Street			City	County		/	State	ZIP Code		
4.	Telephone:				Fax:							
•	Website:								_			
5.	Contact person/pho	ne #:	Inspection:									
	Accounting			/Records:								
6.	Business Type:	☐ Ind	☐ Individual		artnership	□ C	orporation	on	LLC	☐ Trust		
	Other (specify):											
7.	Operating as:	☐ For	Profit	□ N	lonprofit	Other:						
8.	Interest of Named Insured in premises:   Owner   General Lessee   Tenant  Other:											
9.	Part occupied by N	amed lı	nsured:	E	ntire	Portion (	%)		ther (Lessor's	Risk Only)		
10.	Date Business Esta	ablished	l:									
	If new venture, prov	/ide pri	or experienc	e:								
11.	Gross receipts for t	he year	: \$									
12.	Effective Date Desi				То:			Term Desired:				
	VIOUS INSURER &					heet if nece	ssary		See Loss Ru	ns Attached		
Missouri Applicants: <b>DO NOT</b> answer this question.  Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?  No Yes - If Yes, give name of company, date, and reason:  Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the past 3 years:												
Poli Dat	cy		Policy No	Policy Number		n Coverage Claims			Descripti	on of Loss		
								]				
								]				
								]				
								]				
BUS	NESS INFORMATION											
Describe all business operations conducted by you:												
2. List key management personnel (name, age, job description, length of employment, % of ownership):												
3.	Is your business a subsidiary or division of another company?   Yes  No  No  No  No  No  No  No  No  No  No											
	Name of Company			Address					Rela	Relationship		
•												

4.	Has your business had any changes in ownership ov If yes, provide details:		Yes	No					
5.	Do you sell any homemade products including toys? If yes, describe products:								
6.	Do you sell health care, nutritional products, or weight lf yes, describe products:								
7.	Do you sell any foreign-made or imported products?  If yes, describe and explain where products are from								
8.	Do you sell any waterborne products? If yes, describe products:								
9.	Do you operate a catering truck or a food concession If yes, complete the Restaurant, Bar & Tavern Applic								
FRAU	JD STATEMENTS								
<b>FLORIDA:</b> 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.									
<b>LOUISIANA and MAINE:</b> 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.									
Refer to the Core Application for all Fraud Statements.									
IMPORTANT NOTICE									
DECLARATION									
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.									
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.									
SIGNATURES									
Applica	Date								
Producer Signature Date									
Producer Name and Address									