

Yates & Associates Insurance Services

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043
SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125
SAN DIEGO: (800) 660-1125

License #0705050

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 _____

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