



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

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Flea Markets/Swap Meets/Bazaars General Liability Application

Applicant's Name _____
 Mailing Address _____
 Location _____
 Web Site 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): _____

ANSWER ALL QUESTIONS - IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

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. **Is the facility open year round or seasonally?** _____
 If seasonally, what are the opening and closing dates? _____
12. **Does applicant provide display booths?** Yes No
 If yes, please describe: _____
 Are materials fire resistive? Yes No
13. **Does aisle space meet local fire department regulations?** Yes No
14. **Are fire extinguishers kept on premises?** Yes No
 How often are they serviced? _____
15. **Does applicant utilize a lease agreement?**..... Yes No
 If yes, please provide a copy.
16. **Is applicant provided with a certificate of insurance and additional insured endorsement from vendors?** Yes No
17. **Does applicant have any golf carts?** Yes No
 If yes, how many? _____
18. **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
19. **Does applicant have Workers' Compensation coverage in force?** Yes No
20. **Total number of employees:** _____
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

If no, what are the subcontracted job costs? \$ _____

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. Does applicant have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

30. 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 and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

Year	Company	Policy No.	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.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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 WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.