



CARRIER:

Concessionaires and Vendors Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Location address: _____

City: _____ State: _____ Zip code: _____

Web/Facebook address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Description of Operations:

1. Have there been any property or liability losses in the past three years? Yes No

If yes, please provide the following information; additional claims or information may be submitted on a separate sheet.

| Coverage Type | Date of Loss | Description of loss | Paid | Reserved | Status |
|---|--------------|---------------------|------|----------|--|
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

Liability Section

Occurrence/Aggregate limit \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1 million \$1 million/\$1 million
 \$1 million/\$ 2 million \$1 million/\$3 million \$2 million/\$2 million \$2 million/\$3 million

2. How many years has the applicant been in business? _____

3. How many years has the applicant been at the current location? _____

4. What is the nature of the operation? Please check all that apply.

Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.)

Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)

For "Outdoor," please indicate if stand is operated at:

Same location daily Varying locations Fair or flea market vendor

(for "Fair or flea market vendors," is stand operated at:)

The same event throughout year Varying events (for "Varying events", provide the number of events: _____)

Seasonal lot or tent (Christmas trees, flowers, pumpkins) – 90-day term

Mobile truck vendor (motorized truck or vehicle) Food truck Merchandise (no food) truck

5. What is the amount of annual sales? \$ _____

6. Does applicant park at a specific location (public street, school campus, fair/carnival, etc.) for at least one (1) hour selling to customers? Yes No

7. Does applicant part at a specific construction site, office building or manufacturing building for the purpose of selling breakfast and/or lunch to the workers or employees of that site or building? Yes No

8. Does the applicant sell any of the following products (not including prepared food or beverage)?

- Collectables or memorabilia Homemade products Toys Goods manufactured by applicant
- Optical goods (prescription) Under own brand or label Hearing aids Packaged or prepackaged goods
- Used or refurbished products Hobby or craft Products directly imported by applicant

Additional Coverage for Warehouses and Offices: General liability and property coverage is also available for warehouse or office locations. If any warehouse or office locations are to be scheduled, please complete the "Warehouse or Office Locations" section on page 4 of this application.

Inland Marine Limits

(If bound, scheduled property requires a description of of each item, year, manufacturer, model serial number and limit of insurance for each item)

Limit of insurance for scheduled property and equipment: \$ _____

Limit of insurance for miscellaneous property (\$2,500 maximum per item): \$ _____

Deductible: \$1,000 \$2,500 \$5,000

II. ELIGIBILITY CRITERIA

General Liability

- 9. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
- 10. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
- 11. Will the applicant act as a franchisor (grantor of a franchise) Yes No
- 12. Is there or will there be in the future any leasing or subleasing of premises to others? Yes No
- 13. Does applicant operate inside an amphitheater, arena, ball park, concert hall, stadium or theatre? Yes No
- 14. Is applicant responsible for more than 40 stands/kiosks? Yes No
- 15. Is applicant the owner, organizer, or sponsor (other than financial sponsor) of a fair, festival, carnival, market, exhibit or similar event (booth operator or financial sponsors are eligible)? Yes No
- 16. Does applicant sell any of the following products? Yes No
 - Ammunition, firearms or weapons Fireworks Massage products
 - Cars or vehicles Flying or aerial objects Medical supplies
 - Fire or security alarm or device Goods rented to others
- 17. Does applicant operate or provide any of the following services? Yes No
 - Acupressure or massage services Farms Rock climbing walls
 - Athletic clubs or activities Games of chance Shoe shine
 - Bathroom attendants Ice cream trucks (mobile) Tattoo or body piercing
 - Coat check Lunch or catering trucks (mobile) Transportation services
 - Contracting or construction Mechanical rides
- 18. Does or will applicant ever operate in an ice cream truck or in the manner of a traditional ice cream truck? (example: selling any goods while continuously moving and stopping temporarily at the request of a prospective customer(s))? Yes No
- 19. Does applicant sell goods to customers directly from a motorized truck or vehicle (e.g., from window or side/back panel)? Yes No
- 20. Does applicant generate more than 50% of sales from tobacco, tobacco products, hookah, electronic cigarettes or other tobacco-related products? Yes No
- 21. Do operations include customers entering on or into premises owned or leased by the applicant to shop? Yes No

Inland Marine

- 22. Is property or an equipment insured salesperson's samples? Yes No
- 23. Is property or equipment for use on the water/ocean marine? Yes No
- 24. Is property or equipment routinely sent by mail or parcel post? Yes No
- 25. Is property or equipment left unlocked or unsecured when not in use? Yes No
- 26. Does the applicant lease, loan or rent covered property or equipment to others? Yes No
- 27. Does the applicant stock/sell objects that are rare, collectible or difficult to replace? Yes No
- 28. Is applicant a stamp dealer or a trading card dealer? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: 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.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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 Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: 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 the stated value of the claim for each such violation.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



CARRIER:

[Empty box for carrier information]

Warehouse or Office Locations

I. GENERAL INFORMATION

This location is a : Warehouse Office

Location address: _____

City: _____ State: _____ Zip code: _____

Area occupied by the applicant: _____ sq. ft.

Property Section

| | | | | | |
|--|--|--|-----------------------------------|---|--|
| Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <input type="checkbox"/> Fire resistive | | | | | |
| Protection Class _____ | Cause of Loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad | Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | Number of Stories _____ | Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None | |
| What year was the building constructed? _____ | | | | | |
| What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____ | | | | | |
| What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____ | | | | | |
| What is the age of the roof? _____ years | | | | | |
| Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| What is the square footage of the entire structure? _____ sq. ft. <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i> | | | | | |
| What is the total square footage owned or occupied by the applicant? _____ sq. ft. | | | | | |
| Operations/Occupancy (check all that apply): <input type="checkbox"/> General storage warehouse (no goods of others) <input type="checkbox"/> Office <input type="checkbox"/> Vehicle repair on premises (no vehicles of others) <input type="checkbox"/> Other _____ | | | | | |
| Building Limit: \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i> | | | | | |
| Existing Improvements and Betterments Value \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC | | | | | |
| Business Personal Property Limit: \$ _____ Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC | | | | | |
| Business Income Limit: \$ _____ Coinsurance _____ <u>or</u> _____ Monthly Limit of Indemnity | | | | | |
| <input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense | | <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% | | <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 | |

Have there been any property or liability losses in the past three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

| Coverage Type | Date of Loss | Description of loss | Paid | Reserved | Status |
|---|--------------|---------------------|------|----------|--|
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| <input type="checkbox"/> Property <input type="checkbox"/> Liability | | | \$ | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

1. Are all office or warehouse locations for the operation or storage of merchandise or your concessionaire/vendor business? Yes No
2. For all buildings built prior to 1978, is 100% of the electric wiring on functional and operational circuit breakers? Yes No
3. For all buildings built prior to 1978, is there any aluminum wiring or knob and tube wiring? Yes No
4. Are there functional and operational fire extinguishers readily available? Yes No
5. Are there functional and operational smoke and/or heat detectors in all units or occupancies? Yes No
6. Are there any antiques, collectibles or reconditioned business personal property on the premises? Yes No

Applicant's signature: _____ Title: _____ Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.