Concessionaires and Vendors Product

This product is specifically designed to accommodate the coverage and pricing needs for a wide variety of concessionaires and vendors.

**Product Features:**
- Coverage available as:
  - Monoline general liability
  - Package – Including general liability with property and/or inland marine
- Broad eligibility to include:
  - Indoor vendors, outdoor vendors, seasonal lots and tents and flea market/fair/show vendors
  - Hot dog vendors, newsstands, mall kiosks, Christmas tree lots and more
  - Operating locations including: airports, bus terminals, museums, office buildings, rest stops, shopping malls, train stations, athletic fields, beaches, business parks, parking lots, public parks, public streets/sidewalks, school campuses and more
  - Primary or varying operating locations
  - Small to large operations (up to 40 individual locations or stands)
  - New ventures
- Competitive pricing
- Coverage can be extended to include office or warehouse locations

**Liability Features:**
- Easy to use pricing – flat charge per stand or show
- Blanket additional insured
- Products/Completed operations coverage provided for most eligible risks
- Primary limits available up to $2,000,000 occurrence/$3,000,000 aggregate
- No liability deductible

**Inland Marine Features:**
- Included in package with general liability
- Coverage up to $35,000 per item for scheduled items
- Coverage for other miscellaneous items
- Theft coverage included

**Additional Advantages:**
- Financial stability of an A++ carrier
- Unsurpassed service with a sense of urgency and care
- Contact with 24 hours of claim report by adjuster
- Policyholders have access to many free and discounted services through our Business Resource Center that will assist in growing and protecting their business.

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your agent. A sample policy is available from your agent. Your actual policy conditions may be amended by endorsement or affected by state laws.

CVP-NR 02/18
Concessionaires and Vendors Product
Mobile Vending Trucks

Business on-the-go is more popular than ever. USLI offers endless opportunities for mobile vending trucks with the best combination of price, coverage and value-added services for small businesses.

Mobile Vending Trucks Include:
- Mobile restaurants
- Mobile merchandise trucks
- Silver-sided lunch trucks

Broad Eligibility:
- Risks operating at or outside athletic fields, parking lots, sports arenas, office buildings, construction sites, etc.
- Risks with up to $500,000 in sales per truck
- New ventures

Available Coverages and Features:
- General liability limits available up to 2,000,000/$3,000,000
- Blanket additional insured available
- Ability to add kitchen, commissary and warehouse locations, including property coverages
- Ability to schedule multiple trucks on one policy
- Inland marine available for food/stock and small items as miscellaneous coverage
Concessionaires and Vendors Product
Claim Examples

Bodily Injury:
- **Food Vendors**: A customer buys a hot dog from a stand. While eating the hot dog, the customer chipped a tooth on something hard contained inside the hot dog and incurred $700 in medical expenses and $6,000 in corrective dental expenses.
- **Seasonal Lots or Tents**: Customers were within the premises of a Christmas tree lot choosing the perfect tree. A customer tripped over an extension cord lying on the floor and sprained a knee. The customer incurred $1,200 in medical expenses for x-rays and $3,500 in lost wages.
- **Flea Market Vendors**: Customers surrounded a booth to view merchandise. The booth was suddenly knocked over by a strong gust of wind, and a pole supporting the booth struck a customer in the face, causing a laceration. The individual incurred $1,100 in medical expenses, $12,000 for surgery to repair scar damage and $10,000 for mental anguish.

Theft:
- A vending cart was put away and stored for the evening. The owner finds out it is stolen the next day. The owner has to spend $15,000 on a new cart and equipment.

Fire/Loss of Income:
- A vendor receives a phone call saying there has been a fire in the warehouse they lease to keep their most valuable merchandise. All merchandise was destroyed, and replacing it will cost $30,000. In addition, the vendor incurs $4,000 in lost income because they are unable to continue operations due to this fire.
Concessionaire 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: ________________________________________________________________________________________________

Location address: __________________________________________________________________________

City: ___________________________________ State: __________________ Zip: __________________

Description of operations: ______________________________________________________________________________________

How many years has the applicant been at the current location? ______________________________________________________________________________________

Liability Section

Limit: SQUARE $100,000/$200,000 SQUARE $300,000/$600,000 SQUARE $500,000/$1,000,000 SQUARE $1,000,000/$1,000,000

$1,000,000/$2,000,000 SQUARE $1,000,000/$3,000,000 SQUARE $2,000,000/$2,000,000 SQUARE $2,000,000/$3,000,000

Classification:

☑ 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 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

Annual sales: $ __________________ Number of trucks/stands: __________________

Does applicant park at a specific location (public school, school campus, fair/carnivals, etc) for at least one (1) hour selling to customers? Yes ☐ No ☑

Does applicant park 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 ☑

Does applicant sell any of the following products (not including prepared food or beverage): Yes ☐ No ☑

☐ 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.

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Liability Coverages ☐ None, or provide detail below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
<th>Incurred</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Open/Closed</td>
<td>$ ______</td>
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<td></td>
<td>Open/Closed</td>
<td>$ ______</td>
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</tr>
</tbody>
</table>

Inland Marine Coverages ☐ None, or provide detail below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
<th>Incurred</th>
<th>Description</th>
</tr>
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<td>Open/Closed</td>
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</tr>
</tbody>
</table>

Inland Marine Section (If bound, scheduled property requires description 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
III. ELIGIBILITY CRITERIA

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years

2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)

If “False,” advise reason

General Liability

3. The applicant has not, is not and will not act as a franchisor (grantor of a franchise)

4. No leasing or subleasing of premises to others

5. Not operating inside an amphitheater, arena, ball park, concert hall, stadium or theatre

6. Applicant is not responsible for more than 40 stands/kiosks

7. Applicant is not 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)

8. Does applicant sell any of the following products:

- Ammunition, firearms or weapons
- Cars or vehicles
- Fire or security alarm or device
- Food rented to others

9. Does applicant operate or provide any of the following services:

- Acupressure or massage services
- Athletic clubs or activities
- Bathroom attendants
- Coat check
- Contracting or construction

10. Does or will applicant ever operate in an ice cream truck or in the manner of a traditional ice cream truck i.e. selling any goods while continually moving and stopping temporarily at the request of a prospective customer(s)?

11. Applicant sells goods to customers directly from a motorized truck or vehicle (ie from window or side/back panel)

12. Applicant does not generate more than 50% sale of tobacco, tobacco products, hookah, electronic cigarettes or other tobacco related products

13. Operations do not involve customers entering on or into premises owned or leased by the applicant to shop

Inland Marine

1. Property or equipment is not salesperson’s samples

2. Property is not ocean marine or property on the water

3. Property or equipment is not routinely sent by mail or parcel post

4. Insured does not lease, loan or rent covered property or equipment to others

5. Property or equipment is not left unlocked and/or unsecured when not in use

6. No objects are unique or difficult to replace, rare or collectible

7. Applicant is not a stamp dealer or trading card dealer

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other

What year did the business start?

Applicant’s mailing address: ____________________________ (if different than the location address above)

City: ____________________________ State: ______________ Phone: ____________________________

Email Address of primary contact: ____________________________ Phone/E-mail address: ____________________________

Audit contact name: ____________________________ Telephone/E-mail address: ____________________________

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.

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 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 commits a fraudulent insurance act.
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.

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.

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 facilitating 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, Pennsylvania AND Ohio 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 is 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.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the application applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days’ notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

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 to, 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 in this Application is material to the Insurer’s decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer’s underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant’s signature: ___________________________ Title: ___________________________

Date: ___________________________

Cons 6/17 – USLI
Warehouse or Office Locations

I. GENERAL INFORMATION
1. This location is a: [ ] Warehouse, or [ ] Office
   Location address: ______________________________________________________________________________________
   City: _______________________________________________ State: ___________________________ Zip: __________________
2. Area occupied by the applicant: _________ sq. ft.

II. PROPERTY (available only for warehouse and/or office locations)
3. Construction: [ ] Frame [ ] Non-combustible [ ] Modified fire-resistive
   [ ] Joisted masonry [ ] Masonry non-combustible [ ] Fire-resistive
4. Protection class: __________________________
5. Cause of loss: [ ] Basic [ ] Special
6. Valuation: [ ] Replacement cost [ ] Actual cash value
    Deductible: [ ] $1,000 [ ] $2,500 [ ] $5,000
7. Business personal property limit: __________________________
8. Business income and extra expense limit: __________________________
9. What type of burglar alarm is on the premises? [ ] Central station [ ] Local [ ] None
10. Is the building fully protected by an operational sprinkler system covering 100% of the premises? [ ] Yes [ ] No

For Building Owners Only:
11. Building limit: $_____________________
12. What year was the building constructed? ______
13. If the building is older than 10 years old, please complete the following:
   Year of latest roof update: ______________________
   Roof type: [ ] Flat [ ] Wood shake [ ] Shingle [ ] Metal [ ] Tile [ ] Slate [ ] Other
   Plumbing type: [ ] PVC [ ] Copper [ ] Lead [ ] Galvanized [ ] Other
14. Total square foot area of building: _______________
15. Does the applicant lease any apartments at this location? [ ] Yes [ ] No
   If “Yes,” number of units _______________ applicable sq. ft. __________________

III. LOSS INFORMATION FOR THE PAST THREE YEARS
16. Property Coverages [ ] None, or provide detail below.
   Year Status Incurred Description
       ________ Open/Closed $______________ ______________________________________________________________
       ________ Open/Closed $______________ ______________________________________________________________
       ________ Open/Closed $______________ ______________________________________________________________

IV. ELIGIBILITY:
Liability
17. All office or warehouse locations are for the operation or storage of merchandise for your concessionaire or vendor business only [ ] True [ ] False

Property
18. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers [ ] N/A [ ] True [ ] False
19. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring [ ] N/A [ ] True [ ] False
20. Functioning and operational fire extinguishers readily available [ ] True [ ] False
21. Functioning and operational smoke and/or heat detectors in all units and/or occupancies [ ] True [ ] False
22. No antiques, collectables or reconditioned business personal property [ ] True [ ] False

Applicant’s signature ___________________________________________ Title __________________________ Date ________________