

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

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www.scottsdaleins.com

Flea Markets/Swap Meets/Bazaars General Liability Application

Applicant's Name _____

Mailing Address _____

Location _____

Web Site Address _____

Agency Name _____

Agent _____

Address _____

E-Mail _____

Phone _____

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. **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	Pol. 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.

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: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

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"