



FLEA MARKETS/SWAP MEETS/BAZAARS QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a completed ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute? [ ] Yes [ ] No

If the business maintains a web site, state the address: \_\_\_\_\_

OPERATIONS

1. Are there operations other than the flea market (ie restaurants, entertainment, etc)? [ ] Yes [ ] No

2. Describe all business operations conducted by applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does applicant sell food or merchandise or act as a vendor? [ ] Yes [ ] No

If yes, please describe and provide applicable area and gross receipts:

\_\_\_\_\_

4. Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary):

\_\_\_\_\_  
\_\_\_\_\_

5. Interest of applicant in premises: [ ] Owner [ ] General Lessee [ ] Tenant

6. Number of years in the business: \_\_\_\_\_

7. Do you have a parking lot? [ ] Yes [ ] No

a. If yes, state area: \_\_\_\_\_

b. If you charge for parking, indicate gross receipts from parking: \$ \_\_\_\_\_

8. Indicate type of surface: [ ] Gravel [ ] Black top [ ] Concrete

a. Is lot checked regularly for potholes or uneven surfaces? [ ] Yes [ ] No

b. Is the lot lighted? [ ] Yes [ ] No

9. Facility is: [ ] Indoor [ ] Outdoor [ ] Drive-in theater [ ] Other (please describe): \_\_\_\_\_

10. Number of vendor spaces: \_\_\_\_\_

a. Annual gross receipts from space rental: \$ \_\_\_\_\_

11. Do you allow vendors who sell guns and/or ammunition? [ ] Yes [ ] No

12. Do vendors provide you a certificate of insurance and additional insured endorsement? [ ] Yes [ ] No

13. Do any vendors offer amusement rides? If yes, please describe: [ ] Yes [ ] No

\_\_\_\_\_

14. Is there an admission charge? [ ] Yes [ ] No

a. Annual gross receipts from admissions: \$ \_\_\_\_\_

15. What is the average daily attendance? \_\_\_\_\_

16. How many days a week is the facility open? \_\_\_\_\_



- 17. Does applicant provide display booths?
a. If yes, please describe:
18. Are fire extinguishers kept on premises?
How often are they serviced?
19. Does applicant utilize a lease agreement?
20. Does applicant have any golf carts?
a. If yes, how many?
21. Does applicant employ any security guards?
a. If armed, how many? Payroll:
b. If independent contractors, are certificates of insurance obtained?
22. Is liquor allowed on premises?
23. Does applicant sponsor any special events or promotions? If yes, please describe:
24. Does applicant use any traffic control? If yes please describe:
25. Does applicant subcontract work?
a. If yes, state type:
b. If yes, are certificates of insurance required from all subcontractors?
26. Does applicant lend, lease or rent any equipment to others?
a. If yes, state the type of equipment involved and the gross receipts derived there from:

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date
Producer Signature Date
Producer Name and Address