

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – FLEA MARKET, SWAP MEET and BAZAAR - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

PROHIBITED (check all that apply to your operations)

- Ammunition, guns or weapons
- Amusement devices or rides on applicant's premises
- Armed security unless off-duty peace officers
- Explosives, flammable liquids, LPG, petroleum products
- Fireworks

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application

_____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
- Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LOSS HISTORY

- Three years of loss history information provided on ACORD application or attached to this application
- Assault and Battery incident(s) have occurred in the past 3 years

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OPERATIONS / EXPOSURES / CONTROLS

Applicant

- Is a vendor
- Is the premises/property owner

Hours and Attendance

- Seasonal operation If yes, dates of operation are between: _____
- Numbers of days per week facilities are open to the public _____
- Average daily attendance on weekends (if applicable) _____
- Average daily attendance on weekdays (if applicable) _____

Facility(s)

- Indoor Facilities**
 - Emergency lighting provided
 - Exits marked, illuminated and not blocked
- Outdoor Facilities**
- Parking:**
 - Parking areas are paved
 - Night lighted (if premises open to the public after dark)
- Vendor spaces:** If yes, total number of vendor spaces available: _____
 - Vendors are independent contractors
 - Vendors who are independent contractors have their own insurance and provide certificates confirming this to the insured
 - Vendors are spaced per local code requirements and fire department regulations
- Security provided:**
 - Security is provided by employees
 - Security subcontracted to third party, insured and provides additional insured status on their policy
- Other exposures or operations not indicated above (describe):**

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable.
- Risk Transfer – Subcontractors:
 - Additional Insured – Status granted to you on the subcontractor’s policy
 - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own

EMPLOYEES

- Total Number of Employees (include leased employees): _____

RECEIPTS

Total of All Receipts - Annual	\$
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COVERAGE OPTIONS - LIABILITY (check if you would like an optional quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE