

FLEA MARKET SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)
- Date business established:
- Describe all business operations conducted:

4. List all premises you own, rent, or control (attach schedule if necessary):

Location	Age	Construction

- | | Yes | No |
|--|--------------------------|--------------------------|
| 5. Do you have a parking lot?
If yes, state area:
If you charge for parking lot use, indicate gross receipts from this operation: \$
Type of surface: <input type="checkbox"/> Gravel <input type="checkbox"/> Black Top <input type="checkbox"/> Concrete
Is area checked regularly for potholes and uneven surfaces? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Facility is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Drive-In Theater
<input type="checkbox"/> Other (describe): | | |
| 7. Number of vendor spaces:
Annual gross receipts from space rental: \$ | | |
| 8. Is there an admission charge?
Annual gross receipts from admissions: \$ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Average daily attendance: | | |
| 10. Days per week facility is open: | | |
| 11. Do you provide display booths?
If yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are materials fire resistive? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does aisle space meet local fire department regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are fire extinguishers kept on premises?
Frequency serviced: | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you utilize a lease agreement?
If yes, obtain a copy for the file. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you provided with a certificate of insurance and additional insured endorsement from vendors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you have any golf carts?
If yes, how many: | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Total number of employees: | | |
| 19. Is liquor allowed on premises? | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
20. Do you sponsor any special events or promotions? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
21. Do any vendors offer amusement rides? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you use any traffic control? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you store petroleum products in underground tanks, LPG, flammable liquids, ammunition or explosives on the premises? If yes, indicate type and quantity stored: _____	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you subcontract work? If yes, indicate type: _____ Are Certificates of Insurance required from all subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you lend, lease or rent any equipment to others? If yes, indicate: Type of equipment: _____ Gross receipts: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
26. Has emergency evacuation plan been prepared?	<input type="checkbox"/>	<input type="checkbox"/>
27. Are emergency facilities readily available? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

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.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		