



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Flea Markets/Swap Meets/Bazaars General Liability Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 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): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$
Other Coverage, Restrictions, and/or Endorsements:	\$
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: _____
 Are parking fees charged? Yes No
 If yes, 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. **Describe any use of premises when not open for business:** _____

13. **Does applicant provide display booths?** Yes No
 If yes, please describe: _____
 Are materials fire resistive? Yes No
14. **Does aisle space meet local fire department regulations?** Yes No
15. **Are fire extinguishers kept on premises?** Yes No
 How often are they serviced? _____
16. **Does applicant utilize a lease agreement?** Yes No
 If yes, please provide a copy.
17. **Is applicant provided with a certificate of insurance and additional insured endorsement from vendors?** Yes No
18. **Does applicant have any golf carts?** Yes No
 If yes, how many? _____

19. **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
20. **Does applicant have Workers' Compensation coverage in force?** Yes No
21. **Total number of employees:** _____
22. **Is liquor allowed on premises?** Yes No
23. **Does applicant sponsor any special events or promotions?** Yes No
 If yes, please describe: _____
24. **Do any vendors offer amusement rides?** Yes No
 If yes, please describe: _____

25. **Does applicant use any traffic control?** Yes No
 If yes, please describe: _____

26. **Does applicant sell food or merchandise or act as a vendor?** Yes No
 If yes, please describe and provide applicable area and gross receipts: _____

27. **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: _____

28. **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? \$ _____
29. **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: _____

30. **Does applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured: _____

31. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____

32. **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: _____

33. Additional Insured Information:

Name	Address	Interest

34. Description of Exposures:

Loc. No.	Description of Exposures	Premium Bases: Gross Sales
	Premises—Operations (Give complete description including parking lot):	

35. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium					

36. 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 five years. <input type="checkbox"/> Check if no losses in the last five years				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

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.

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. **(Not applicable to Nebraska, Oregon or Vermont).**

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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 WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

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.