



Mid Valley General Agency LLC  
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## 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): \_\_\_\_\_

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

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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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

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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	Policy No.	Premium	Losses Paid	Losses Reserved	Description

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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.

**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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.