Chris-Leef General Agency, Inc. P.O. Box 3747 Shawnee Mission, KS. 66203 (913) 631-1232 (913) 631-1128 fax (800) 548-0491 (800) 383-1235 Fax

contract@chris-leef.com

Flea Markets/Swap Meets/Bazaars General Liability Application

Applicant's Name)		Agent Name	
Mailing Address			Address	
Location			PROPOSED EFFE	CTIVE DATE:
			From	То
				dard Time at the address of the Applicant
	.	_		
· · · _	Individual Corporati		Partnership	
L	Limited Liability Company	☐ Otne	r (Specify)	
	LIMITS OF LIABILITY R	EQUESTE)	PREMIUMS
General Aggrega	te	\$		Premises/Operations
Products & Comp	oleted Operations Aggregate	\$ Exclude	ed	\$
Personal & Adver	tising Injury	\$		Products/Completed Operations
Each Occurrence	}	\$		\$
Fire Damage (any	·	\$		Other
Medical Expense	` ' '	\$		\$
Other Coverages	, Restrictions, and/or Endorse			Total
	Deductible	\$		\$
Describe all	business operations conduc	cted by app	olicant:	
	ge and construction of all pr	remises ow	ned, rented, or contro	olled by applicant (attach schedule if
necessary):				
3. Interest of a	pplicant in such premises:	☐ Owne	er 🔲 General lesse	ee DTenant
Part occupio	ed by the applicant: 🔲 Enti	re 🗆 Po	ortion	
4. Number o	f years in business:			
	_			
Does applic	cant have a parking lot?	」Yes [☐ No If yes, state a	area:
If applicant o	harges for the use of the par	king lot, ind	icate gross receipts fro	om this operation:
Indicate typ	e of surface: Gravel	☐ Black to	p	
Is area chec	ked regularly for potholes and	d uneven sı	urfaces?	□ No
	hted? Yes No			

6. Fa	acility is: Indoor Outdoor Drive-in theater Other (please describe):					
lf i	indoor, is there an emergency lighting system?					
Н	ow are cleanups of spills handled?					
	outdoor, is there access to a phone for emergencies?					
W	ho is responsible for sanitary facilities?					
7. Nu	umber of vendor spaces: Annual gross receipts from space rental: \$					
8. Is	there an admission charge?					
9. W	hat is average daily attendance?					
10. Ho	w many days a week is facility open?					
11. Do	es applicant provide display booths? 🔲 Yes 🔲 No If yes, please describe:					
Ar	re materials fire resistive?					
12. Do	es aisle space meet local fire department regulations?					
13. Are	e fire extinguishers kept on premises?					
14. Do	es applicant utilize a least agreement?					
	applicant provided with a certificate of insurance and additional insured endorsement from vendors? Yes □ No					
16. Do	es applicant have any golf carts? 🔲 Yes 🔲 No If yes, how many?					
17. Do	es applicant employ any security guards? ☐ Yes ☐ No ☐ Armed ☐ Unarmed					
lf a	armed, how many? Payroll:					
lf i	independent contractors, are certificates of insurance obtained?					
18. Do	es applicant have Workers' Compensation coverage in force?					
19. Tot	19. Total number of employees:					
20. Do	es applicant lease employees?					
21. Is li	iquor allowed on premises?					
22. Do	es applicant sponsor any special events or promotions?					
23. Do	any vendors offer amusement rides?					
24. Do	es applicant use any traffic control?					
25. Do	es applicant sell food or merchandise or act as a vendor?					
lf y	yes, please describe and provide applicable area and gross receipts:					

	plicant store petrole /es on the premises?	•	in underground	tanks, L.P.C	i., flammable انظ	luids, ammunition or	
Yes	□ No If yes, ty	pe and quantity	stored:				
·	plicant subcontract v		_	If yes, state t ☐ Yes	type:		
	olicant lend, lease, o		•				
to the ap	ne past three years h pplicant? (not applicabl kplain:	e in Missouri)	Yes	□ No		ıe similar insurance	
Previous Insu Year	urer: Indicate premiu	n and losses f	or past three ye Premium	ars. Describe Losses Paid	Losses. Losses Reserved	Description	
Loc. No.				Premium Bases: Gross Sales			
EGG. ING.	Premises-Operati	ion of Exposulons (Give compositions)	olete description		GIUSS Gai	es	

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.

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.

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.

APPLICANT'	'S SIGNATURE DATE	DATE		
Name and P	hone 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			

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

as to the nature and scope of the report, if one is made, will be provided.