

**Flea Markets/Swap Meets/Bazaars
General Liability Application**

8. Is there an admission charge? Yes No Annual gross receipts from admission: \$ _____
9. What is average daily attendance? _____
10. How many days a week is facility open? _____
11. Does applicant provide display booths? Yes No If yes, please describe: _____
Are materials fire resistive? Yes No
12. Does aisle space meet local fire department regulations? Yes No
13. Are fire extinguishers kept on premises? Yes No How often are they serviced? _____

14. Does applicant utilize a lease agreement? Yes No If yes, please provide a copy.
15. Is applicant provided with a certificate of insurance and additional insured endorsement from vendors?
 Yes No
16. Does applicant have any golf carts? Yes No If yes, how many? _____
17. 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
18. Does applicant have Workers' Compensation coverage in force? Yes No
19. Total number of employees: _____
20. Does applicant lease employees? Yes No
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: _____

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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. 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: Indicate premium and losses for past three years. Describe all losses.

Year	Company	Pol. #	Premium	Losses Paid	Losses Reserved	Description

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____