



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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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.



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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: \_\_\_\_\_  
\_\_\_\_\_



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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.  Check if no losses in the last five years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)



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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.



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**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.