

**FLEA MARKETS/SWAP MEETS/BAZAARS QUESTIONNAIRE**

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

**PROHIBITED CIRCUMSTANCES**

*If the answer to any of the questions below is "YES," you are not eligible for coverage.*

1. Does the applicant allow vendors to sell or swap any of the following:
  - a. Guns or ammunition?  Yes  No
  - b. Automobiles?  Yes  No
  - c. Watercraft?  Yes  No
  - d. Recreational vehicles (motor homes, ATV's, etc.)?  Yes  No
2. Does the applicant employ or contract with any armed guard services?  Yes  No

**GENERAL INFORMATION**

1. What are the applicant's total annual sales from the following:
  - a. Rental receipts from vendor spaces: \$ \_\_\_\_\_
  - b. Admission receipts: \$ \_\_\_\_\_
  - c. Parking receipts: \$ \_\_\_\_\_
    - i. Area of parking lot if parking is free: \_\_\_\_\_
  - d. Restaurant/concession receipts: \$ \_\_\_\_\_
2. Does the applicant contract with a professional management company to operate the market/event?  Yes  No
  - a. If "YES," is the management company required to name the applicant as an additional insured?  Yes  No
3. Does the applicant or any vendors offer any mechanical amusement rides?  Yes  No
  - a. Please describe: \_\_\_\_\_
4. Does the applicant have any golf carts, ATV's or UTV's?  Yes  No
  - a. Is anyone other than employee's of the insured allowed to ride on or drive these?  Yes  No
5. Does the applicant lend, lease or rent any equipment to others?  Yes  No
  - a. Please describe: \_\_\_\_\_
  - b. Receipts from operation: \$ \_\_\_\_\_



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

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Applicant Signature

Title

Date

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Producer Signature

Date