



CARRIER:

United States Liability Insurance Company

Concessionaires and Vendors Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name (include DBA name): _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Web/Facebook address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Description of Operations:

Liability Section

Occurrence/Aggregate limit	<input type="checkbox"/> \$1 million/\$2 million	<input type="checkbox"/> \$2 million/\$2 million	<input type="checkbox"/> \$2 million/\$5 million
	<input type="checkbox"/> \$3 million/\$3 million	<input type="checkbox"/> \$4 million/\$4 million	<input type="checkbox"/> \$5 million/\$5 million

1. How many years has the applicant been in business? _____

2. How many years has the applicant been at the current location? _____

3. What is the nature of the operation? *Please check all that apply.*

Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.)

Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)

For "Outdoor," please indicate if stand is operated at:

Same location daily Varying locations Fair or flea market vendor

(for "Fair or flea market vendors," is stand operated at:)

The same event throughout year Varying events *(for "Varying events", provide the number of events: _____)*

Seasonal lot or tent (Christmas trees, flowers, pumpkins) – 90-day term

Mobile truck vendor (motorized truck or vehicle) Food truck Merchandise (no food) truck

4. What is the amount of annual sales? \$ _____

5. Does applicant park at a specific location (public street, school campus, fair/carnival, etc.) for at least one (1) hour selling to customers? Yes No

6. Does applicant part at a specific construction site, office building or manufacturing building for the purpose of selling breakfast and/or lunch to the workers or employees of that site or building? Yes No

7. Does the applicant sell any of the following products (not including prepared food or beverage)?

Collectables or memorabilia Homemade products Toys Goods manufactured by applicant

Optical goods (prescription) Under own brand or label Hearing aids Packaged or prepackaged goods

Used or refurbished products Hobby or craft Products directly imported by applicant

Additional Coverage for Warehouses and Offices: *General liability and property coverage is also available for warehouse or office locations. If any warehouse or office locations are to be scheduled, please complete the "Warehouse or Office Locations" section on page 4 of this application.*

Inland Marine Limits

(If bound, scheduled property requires a description of of each item, year, manufacturer, model serial number and limit of insurance for each item)

Limit of insurance for scheduled property and equipment: \$ _____

Limit of insurance for miscellaneous property (\$2,500 maximum per item): \$ _____

Deductible: \$1,000 \$2,500 \$5,000

II. ELIGIBILITY CRITERIA

General Liability

8. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No
9. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
10. Will the applicant act as a franchisor (grantor of a franchise) Yes No
11. Is there or will there be in the future any leasing or subleasing of premises to others? Yes No
12. Does applicant operate inside an amphitheater, arena, ball park, concert hall, stadium or theatre? Yes No
13. Is applicant responsible for more than 40 stands/kiosks? Yes No
14. Is applicant the owner, organizer, or sponsor (other than financial sponsor) of a fair, festival, carnival, market, exhibit or similar event (booth operator or financial sponsors are eligible)? Yes No
15. Does applicant sell any of the following products? Yes No
- | | | |
|---|---|---|
| <input type="checkbox"/> Ammunition, firearms or weapons | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Massage products |
| <input type="checkbox"/> Cars or vehicles | <input type="checkbox"/> Flying or aerial objects | <input type="checkbox"/> Medical supplies |
| <input type="checkbox"/> Fire or security alarm or device | <input type="checkbox"/> Goods rented to others | |
16. Does applicant operate or provide any of the following services? Yes No
- | | | |
|--|--|--|
| <input type="checkbox"/> Acupressure or massage services | <input type="checkbox"/> Farms | <input type="checkbox"/> Rock climbing walls |
| <input type="checkbox"/> Athletic clubs or activities | <input type="checkbox"/> Games of chance | <input type="checkbox"/> Shoe shine |
| <input type="checkbox"/> Bathroom attendants | <input type="checkbox"/> Ice cream trucks (mobile) | <input type="checkbox"/> Tattoo or body piercing |
| <input type="checkbox"/> Coat check | <input type="checkbox"/> Lunch or catering trucks (mobile) | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Contracting or construction | <input type="checkbox"/> Mechanical rides | |
17. Does or will applicant ever operate in an ice cream truck or in the manner of a traditional ice cream truck? (example: selling any goods while continuously moving and stopping temporarily at the request of a prospective customer(s))? Yes No
18. Does applicant sell goods to customers directly from a motorized truck or vehicle (e.g., from window or side/back panel)? Yes No
19. Does applicant generate more than 50% of sales from tobacco, tobacco products, hookah, electronic cigarettes or other tobacco-related products? Yes No
20. Do operations include customers entering on or into premises owned or leased by the applicant to shop? Yes No

Inland Marine

21. Is property or an equipment insured salesperson's samples? Yes No
22. Is property or equipment for use on the water/ocean marine? Yes No
23. Is property or equipment routinely sent by mail or parcel post? Yes No
24. Is property or equipment left unlocked or unsecured when not in use? Yes No
25. Does the applicant lease, loan or rent covered property or equipment to others? Yes No
26. Does the applicant stock/sell objects that are rare, collectible or difficult to replace? Yes No
27. Is applicant a stamp dealer or a trading card dealer? Yes No

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)



CARRIER:

United States Liability Insurance Company

Warehouse or Office Locations

I. GENERAL INFORMATION

This location is a : Warehouse Office

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Area occupied by the applicant: _____ sq. ft.

Property Section

Building Construction:					
<input type="checkbox"/> Frame		<input type="checkbox"/> Joisted masonry		<input type="checkbox"/> Noncombustible	
<input type="checkbox"/> Masonry noncombustible		<input type="checkbox"/> Modified fire resistive		<input type="checkbox"/> Fire resistive	
FUS Grade	Cause of Loss	Deductible		Number of Stories	Type of Burglar Alarm
_____	<input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	_____
					<input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft. <i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>					
What is the total square footage owned or occupied by the applicant? _____ sq. ft.					
Operations/Occupancy (check all that apply): <input type="checkbox"/> General storage warehouse (no goods of others) <input type="checkbox"/> Office <input type="checkbox"/> Vehicle repair on premises (no vehicles of others) <input type="checkbox"/> Other _____					
Building Limit: \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
<i>(Not applicable for Vacant Condo or Vacant Leased Space)</i>					
Existing Improvements and Betterments Value \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit: \$ _____		Coinsurance _____ <u>or</u> _____		Monthly Limit of Indemnity	
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	

Have there been any property or liability losses in the past three years? Yes No
If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

1. Are all office or warehouse locations for the operation or storage of merchandise or your concessionaire/vendor business? Yes No
2. For all buildings built prior to 1978, is 100% of the electric wiring on functional and operational circuit breakers? Yes No
3. For all buildings built prior to 1978, is there any aluminum wiring or knob and tube wiring? Yes No
4. Are there functional and operational fire extinguishers readily available? Yes No
5. Are there functional and operational smoke and/or heat detectors in all units or occupancies? Yes No
6. Are there any antiques, collectibles or reconditioned business personal property on the premises? Yes No

Applicant's signature: _____ Title: _____ Date: _____