



Craft Vendor Application

Applicant's Name, Address, City, State & Zip

Agent Name

Applicant Phone: _____
Inspection Name/Local Caretaker: _____
Inspection Phone: _____
Personal Name (if different) and all owners names:

Agent Code: _____
____ Quote Only
____ Bound App Eff: ____ ' ____ ' ____ to ____ ' ____ ' ____

Policy Type: Craft Vendor/Refreshment Stand

PROPERTY COVERAGE

Location Address: _____ Loc: _____ Bldg: _____

Protection: _____

Feet From Hydrant: _____ Miles from Fire Dept: _____ Fire District: _____

Construction: _____

Year of Construction: _____ Total Square Feet: _____

Desc of Risk/Occupancy: _____

Building Coverage Limit: \$ _____

Deductible: _____

Valuation: _____

Form: _____

Contents Coverage Limit: \$ _____

Deductible: _____

Valuation: _____

Form: _____

OPTIONAL PROPERTY ENDORSEMENTS

SF-133 – Business Property Off Premises: \$ _____ (\$1,000 coverage automatically added for vendors, refreshment stands)

SF-127 Loss Payee

Name: _____ Interest: _____

Address: _____

Miscellaneous Endorsement Form #: _____ Coverage Requested: _____

INLAND MARINE

MR-52 – Misc. Property (\$16/\$1,000 with \$250 deductible) \$ _____

Item Description:

LIABILITY COVERAGES AND OPTIONAL ENDORSEMENTS

Coverage L – Bodily Injury & Property Damage: _____

Coverage M – Premises Medical Payments: _____

Form of Coverage: _____

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

Classification: _____ Code: _____ \$/Area: _____

LS-50 – Employee Non-Owned Auto

LS-50A Hired & Non-Owned Auto

LS-48 Fire Damage Legal \$ _____ (\$50,000 included in LS-6)

LS-70 Business Premises Exclusion other than Designated Premises (may apply to some risks)

ADDITIONAL INSUREDS (Name & Address)

1.

2.

Interest: _____

Interest: _____

UNDERWRITING INFORMATION - REQUIRED TO PROCESS APPLICATION

A. Previous Carrier: _____

****ATTACH LOSS RUNS****

B. If none, why? _____

C. Has any company cancelled, non-renewed or refused insurance (including non-payment) for this applicant?

Yes No If yes, explain: _____

D. Any losses in the past 3 years? Yes No

If yes, explain: _____

E. Years in business? _____

F. Any out of state exposure? Yes No

If yes, where? _____

G. What is the insured selling? _____

H. Does the insured have a website? Yes No

If yes, please provide: www. _____

REMARKS

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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 the stated value of the claim for each such violation.

Agent: _____ Date: _____ Applicant: _____

FOR OFFICE USE ONLY

RATING SYSTEM CHECK: NAME/LOCATION/REFUSED

INSPECT

IMAGERIGHT SEARCH

WAIVE INSPECTION

WEB SEARCH

Underwriting Approval: _____