



Craft Vendor Application

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

Applicant Phone: _____

Inspection Name/Local Caretaker: _____

Inspection Phone: _____

Personal Name (if different) and all owners names: _____

Agent Name

Agent Code: _____

____ Quote Only

____ Bound App Eff: _____ to _____

Policy Type: Craft Vendor/Refreshment Stand

PROPERTY COVERAGE

Location Address: _____ Loc: _____ Bldg: _____

Protection: Highly Protected Protected Semi-Protected Unprotected

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

Construction: Masonry Frame Fire Resistive

Year of Construction: _____ Total Square Feet: _____

Occupancy/Desc of Risk: _____

Building Coverage Limit: \$ _____

Deductible: \$100 \$250 \$500 \$1,000

Valuation: Replacement Cost (SF-27A) Actual Cash Value Flat (No Co-Insurance)

Form: SF-1 – Basic SF-2 – Broad SF-3 – Special SF-5 - Fire & EC SF-6 – Fire

Contents Coverage Limit: \$ _____

Deductible: \$100 \$250 \$500 \$1,000

Valuation: Replacement Cost (SF-27A) Actual Cash Value Flat (No Co-Insurance)

Form: SF-1 – Basic SF-2 – Broad SF-4 – Special SF-5 - Fire & EC SF-6 – Fire

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

- \$ 100,000 Each Occurance / \$ 300,000 Aggregate
- \$ 300,000 Each Occurance / \$ 1,000,000 Aggregate
- \$ 500,000 Each Occurance / \$ 1,000,000 Aggregate
- \$ 1,000,000 Each Occurance / \$ 2,000,000 Aggregate

Coverage M – Premises Medical Payments

- \$ 1,000 Each Person / \$ 10,000 Each Accident
- \$ 1,000 Each Person / \$ 25,000 Each Accident
- \$ 1,000 Each Person / \$ 50,000 Each Accident
- \$ 5,000 Each Person / \$ 50,000 Each Accident

Form of Coverage: OL&T (LS-1) M&C (LS-3) CGL (LS-5) BF-CGL (LS-6)

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 (Y/N)? _____ If yes, explain: _____

D. Any losses in the past 3 years (Y/N)? _____ If yes, explain: _____

E. Years in business? _____

F. Any out of state exposure (Y/N)? _____ If yes, where? _____

G. What is the insured selling? _____

H. Does the insured have a website (Y/N)? _____ If yes, please provide: www. _____

