



MARKETS - LESSOR'S RISK ONLY SUPPLEMENTAL APPLICATION

(COMPLETE IN ADDITION TO ACORD COMMERCIAL INSURANCE APPLICATION - APPLICANT INFORMATION SECTION AND ACORD COMMERCIAL GENERAL LIABILITY SECTION)

NOTE: Applications incomplete or unsigned by the applicant are unacceptable.

1. APPLICANT INFORMATION			
NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS) _____			
2. DATE PROPERTY WAS LEASED OR PURCHASED? _____	3. TOTAL NUMBER OF BOOTHS/ VENDOR SPACES: _____ AVERAGE NUMBER: VACANT_____/RENTED_____	4. DESCRIBE BUSINESS PREMISES OPEN AIR/OUTDOORS? <input type="checkbox"/> Yes <input type="checkbox"/> No NOT OPEN AIR/INDOORS <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER: _____	
5. HOURS OF OPERATION: _____ AM TILL _____ PM	6. HOW MANY DAYS PER WEEK IS FACILITY OPEN? _____ DAYS	7. WHAT IS THE AVERAGE DAILY ATTENDANCE? _____	
8. IS MARKET OPEN YEAR-ROUND OR SEASONAL? Open dates: _____ to: _____	9. DESCRIBE ANY USE OF PREMISES WHEN NOT OPEN FOR BUSINESS _____	10. IS THERE STORAGE OF FLAMMABLE OR HAZARDOUS MATERIAL STORED ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
11. HELD AT FIXED LOCATION OR VARIOUS ROTATING LOCATIONS? _____	12. ARE CERTIFICATES OF GL INSURANCE OBTAINED FROM VENDORS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. IF INDOORS, HOW MANY EXITS? _____	
		14. HOW ARE CLEANUPS OF SPILLS HANDLED? _____ _____	
15. DO ANY VENDORS OFFER AMUSEMENT RIDES? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. ANY GUN SHOPS AS TENANTS? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. DOES AISLE SPACE MEET LOCAL FIRE DEPARTMENT REGULATIONS? ARE AISLES KEPT CLEAR OF DEBRIS? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	18 ARE CURRENTLY TAGGED FIRE EXTINGUISHERS KEPT ON THE PREMISES? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19 IF OUTDOORS, IS THERE ACCESS TO A PHONE FOR EMERGENCIES? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. IF INDOORS, ARE ALL MEANS OF EGRESS CLEAR AND UNBLOCKED? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. IF MARKET CLOSES AFTER SUNSET, ARE PARKING AREA AND PREMISES WELL LIT? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. DO ALL REAR DOORS REMAIN UNLOCKED DURING OPEN HOURS? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. ARE EXIT SIGNS POSTED? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. CONFIRM ALL LEASE AGREEMENTS WITH VENDORS CONTAIN A HOLD HARMLESS AGREEMENT IN FAVOR OF THE APPLICANT. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. CONDITION OF PREMISES: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other: _____ Year Built: _____			
26. a. UPDATES TO THE CURRENT STRUCTURE (Indicate when last updates were performed): Wiring: _____ Plumbing: _____ Roof: _____ Heat: _____ Other: _____ b. Is there aluminum wiring? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If b. is yes, is the wiring 100% overload protected? <input type="checkbox"/> Yes <input type="checkbox"/> No If c. is no, property coverage is prohibited.			
27. PARKING LOT SQUARE FOOTAGE: _____ PRIVATE GARAGE SQUARE FOOTAGE: _____ Indicate type of parking lot surface GRAVEL <input type="checkbox"/> BLACK TOP <input type="checkbox"/> CONCRETE <input type="checkbox"/> Confirm the area is checked regularly for potholes and uneven surfaces: <input type="checkbox"/> Yes <input type="checkbox"/> No			
28. DOES THE APPLICANT OCCUPY ANY PORTION OF THE PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the applicant operates as : _____ If other than a restaurant, indicate annual gross receipts: \$ _____			
29. IS THE APPLICANT RESPONSIBLE FOR BUILDING MAINTENANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, does the applicant use employees or subcontractors? _____ b. If subcontractors are used, confirm the applicant obtains Certificates of Insurance evidencing equal or greater limits and the applicant is named as Additional Insured on all subcontractors General Liability policies: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide annual cost of subs: \$ _____			



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c. Who is responsible for removal of Snow/Ice from the premises? _____

30. ARE THERE SECURITY GUARD PERSONNEL ON THE PREMISES? Yes No
a. Armed Unarmed
b. Is premises patrolled 24 hours by security personnel? Yes No
c. Are security guard personnel employed directly by the applicant? Yes No
d. If no, confirm the applicant obtains Certificates of Insurance evidencing equal or greater limits and the applicant is named as Additional Insured on all independent/subcontracted security guard General Liability policies: Yes No

31. Does the applicant have written procedures in place for responding to vendor complaints? Yes No Describe:

Describe the procedures followed when a tenant vacates a booth: _____

32. GROSS RECEIPTS:
a. Annual receipts from space or booth rentals: \$ _____
b. Annual receipts from attendee parking (if any): \$ _____
c. Annual receipts from display case or booth, table, chair or other equipment rentals (if any): \$ _____
d. Annual receipts from any admission charges (if any): \$ _____

33. Is there a Restaurant on premises Yes No If yes, who is it operated by? _____
If operated by a tenant, confirm the applicant obtains certificates of insurance evidencing equal or greater limits and the applicant is named as Additional Insured on the tenant/operator's General Liability policy. Yes No
If operated by the insured, provide annual gross receipts from food sales \$ _____
If cooking/frying, confirm automatic extinguishing system is professionally maintained and cleaned at least semi-annually. Yes No
Is alcohol allowed on premises? Yes No Annual gross receipts of liquor/alcohol: \$ _____

34. Does the applicant own or operate golf carts on the premises? Yes No If so, how many? _____
What are the golf cart(s) used for? _____
Who is allowed to operate the golf cart(s)? _____

35. Does the applicant sponsor any special events or promotions? Yes No Describe:

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

**FRAUD NOTICES:
PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.



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<p><u>Applicable in FL</u> 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).</p>	
<p><u>Applicable in KS</u> Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p>	
<p><u>Applicable in KY, NY, OH and PA</u> 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p>	
<p><u>Applicable in ME, TN, VA and WA</u> 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 and denial of insurance benefits. *Applies in ME Only.</p>	
<p><u>Applicable in NJ</u> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	
<p><u>Applicable in OK</u> WARNING: 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).</p>	
<p><u>Applicable in OR</u> Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>	
<p><u>Applicable in Other States:</u> WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.</p>	
<p>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.</p>	
Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email