

## Craft Fair Vendor Application

1. Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Applicant is    Individual    Partnership    Corporation
5. Effective Date coverage required: \_\_\_\_\_
6. Description of Products sold: \_\_\_\_\_
7. Location of booth: \_\_\_\_\_
8. Gross Receipts: \_\_\_\_\_
9. Limit of liability required: \_\_\_\_\_
10. Previous insurance history: \_\_\_\_\_  
(company, premium, etc)
11. Any losses or incidents: \_\_\_\_\_
12. Has any company refused or declined coverage: \_\_\_\_\_
13.    Property Info (if required):  
  
      Value/Description of Stock: \_\_\_\_\_

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

**IMPORTANT NOTICE:**    As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Signed (applicant):