

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: _____
14. Target Premium (if known): _____

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)