

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

FLEA MARKETS/SWAP MEETS/BAZAARS GENERAL LIABILITY APPLICATION

Applicant's Name: _____

 Mailing Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

Website Address: _____

E-mail Address: _____ **Phone Number:** _____

Limits Of Liability and Deductible Requested:

| | |
|--|-------------|
| General Aggregate (other than Products/Completed Operations) | \$ |
| Products and Completed Operations Aggregate | \$ Excluded |
| Personal and Advertising Injury (any one person or organization) | \$ |
| Each Occurrence | \$ |
| Damage to Premises Rented to You (any one premise) | \$ |
| Medical Expense (any one person) | \$ |
| Other Coverage, Restrictions, and/or Endorsements: | \$ |
| Deductible | \$ |

1. Describe all business operations conducted by applicant: _____

2. Location, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary): _____

3. Interest of applicant in such premises: Owner General lessee Tenant
 Part occupied by the applicant: Entire Portion None

4. Number of years in business: _____

5. Total number of employees: _____

6. Description of Exposures:

| Loc. No. | Description of Exposures | Premium Basis: Gross Sales |
|----------|--|----------------------------|
| | Premises—Operations (Give complete description including parking lot): | |

7. Does applicant have a parking area? _____ Yes No

If yes:

a. Square footage of all parking areas: _____

b. Are parking fees charged? _____ Yes No

Annual gross receipts from parking: _____ \$ _____

c. Indicate type of surface: Gravel Black top Concrete

d. Is area checked regularly for potholes and uneven surfaces? _____ Yes No

e. Is parking area lit? _____ Yes No

8. Risk is: Indoor Outdoor Drive-in theater Other (describe): _____

a. If indoor, is there an emergency lighting system? _____ Yes No

b. How many exits? _____

c. How are cleanups of spills handled? _____

d. If outdoor, is there access to a phone for emergencies? _____ Yes No

e. Who is responsible for sanitary facilities? _____

9. Number of vendor spaces: _____

Annual gross receipts from rental spaces: _____ \$ _____

10. Is there an admission charge? _____ Yes No

Annual gross receipts from admissions: _____ \$ _____

11. What is the average daily attendance? _____

12. How many days a week is risk open? _____

13. Is the risk open year round or seasonally? _____

If seasonally, what are the opening and closing dates? _____

14. Describe any use of premises when not open for business: _____

15. Does applicant provide display booths? Yes No
 If yes:
 a. Describe: _____
 b. Are materials fire resistant? Yes No
16. Does applicant have any golf carts? Yes No
 If yes, how many?
17. Does aisle space meet local fire department regulations? Yes No
18. Are fire extinguishers kept on premises? Yes No
 How often are they serviced? _____
19. Does applicant utilize a lease agreement? Yes No
 If yes, provide a copy.
20. Does applicant subcontract work? Yes No
 If yes:
 a. State type: _____
 b. Are certificates of insurance required from all subcontractors? Yes No
 c. Is applicant included as an additional insured on all subcontractors' policies? Yes No
 If no, what are the subcontracted job costs? \$ _____
21. Is applicant provided with a certificate of insurance from vendors? Yes No
 Is applicant included as an additional insured on all vendors' policies? Yes No
22. Does applicant utilize security guards? Yes No
 If yes:
 a. Number of employed: Armed Guards: _____ Unarmed Guards: _____ Payroll: \$ _____
 b. Number of contracted: Armed Guards: _____ Unarmed Guards: _____ Cost: \$ _____
23. Is liquor allowed on premises? Yes No
24. Does applicant sponsor any special events or promotions? Yes No
 If yes, describe: _____

25. Do any vendors offer amusement rides? Yes No
 If yes, describe: _____

26. Does applicant use any traffic control? Yes No
 If yes, describe: _____

27. Does applicant sell food or merchandise or act as a vendor? Yes No
 If yes, describe and provide applicable area and gross receipts: _____

28. Does applicant store petroleum products in underground tanks, L.P.G., flammable liquids, ammunition or explosives on the premises? Yes No
 If yes, type and quantity stored: _____

29. Does applicant lend, lease or rent any equipment to others? Yes No

If yes, state the type of equipment involved and the gross receipts derived there from: _____

30. Does applicant have Workers' Compensation coverage in force? Yes No

31. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

32. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

33. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

34. Additional Insured Information:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |

35. Prior Carrier Information:

| | Year: | Year: | Year: | Year: | Year: |
|---------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Policy Number | | | | | |
| Coverage | | | | | |
| Total Premium | | | | | |

36. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. Check if no losses in the last five years

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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 is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.