



Vendor Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.
- **We do not provide coverage for BYOB (Bring Your Own Bottle) events.**

GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____

List any Additional Insureds:

Name: _____ Address: _____ Interest: _____

Name: _____ Address: _____ Interest: _____

EVENT INFORMATION

Products/Services being sold at the Event(s): _____

Dates of event: _____ to _____

Desired coverage dates: _____ to _____

*Include setup and teardown dates under desired coverage.

FOR ANNUAL COVERAGE ONLY: Number of events to be attended annually. "Event" can be considered as a festival, conference, sporting event, private party etc. An estimated range for number of events to be attended is acceptable for quoting: _____

FOR ANNUAL COVERAGE ONLY: Estimated Annual Gross Receipts: _____

PAST INFORMATION

Have you had General Liability coverage as a Vendor before? ___ Yes ___ No

Have you ever had a General Liability claim as a Vendor? ___ Yes ___ No

If Yes, please explain: _____

Has any insurance carrier cancelled or refused coverage? ___ Yes ___ No

If Yes, please explain: _____

LIABILITY INFORMATION

Required Limits of Liability: \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Require Non-Owned/Hired Automobile coverage? ___ Yes ___ No

Require Abuse/Molestation coverage? ___ Yes ___ No

Total Liability Requested: _____

*Total is required liability plus chosen excess liability, if any.

LIQUOR LIABILITY

Is Applicant selling alcohol as part of their activities? ___ Yes ___ No

If YES, please list the estimated sales expected from the sale of alcohol: _____

If request ANNUAL coverage for liquor sales, please list the estimated annual liquor sales:

Does Applicant have a valid liquor license/permit to dispense alcohol at the event(s)?
___ Yes ___ No

FRAUD STATEMENT

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.

WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail address: _____