SOUTHERN SPECIALTY UNDERWRITERS, LLC.
5444 Riverside Drive
Macon, GA 31210
Phone: 478 757 7111 Fax: 478 474 9604

Concessionaire and Vendors Product Application - All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ ❑ Same as mailing address.

City: _____ State: _____ Zip: _____

Description of Operations:

How many years has the applicant been at the current location? _____

Liability Section

Limit: ❑ $100,000/$200,000 ❑ $300,000/$600,000 ❑ $500,000/$1,000,000 ❑ $1,000,000/$1,000,000
❑ $1,000,000/$2,000,000 ❑ $1,000,000/$3,000,000 ❑ $2,000,000/$2,000,000 ❑ $2,000,000/$3,000,000

Type of Stand (Choose One):

❑ Indoor (airport, bus terminal, museum, office building, rest stop, shopping mall, train station, etc.)

❑ Outdoor (athletic fields, beaches, public parks, public streets/sidewalks, school campuses)

For "Outdoor," please indicate if stand operated at: ❑ Same location daily, or ❑ Varying locations

❑ Fair or flea market vendor

For "Fair or flea market vendors," is stand operated at: ❑ The same event throughout year, or ❑ At varying events

If at varying events throughout the year, provide the number of events: _____

❑ Seasonal lot or tent (Christmas trees, flowers, pumpkins) – 90 day term

Annual sales: $ _____

Does applicant operate as a concessionaire or vendor engaged in the retail sales of goods from a truck (only if permanently stationary and never moves), trailer or cart (may be attached to a vehicle), pushcart, stand, kiosk, table, booth or bicycle vending cart? ❑ Yes ❑ No

Does applicant sell any of the following products (not including prepaid food or beverage): ❑ Yes ❑ No

Collectables or memorabilia	"Home Made" products	Hearing aids
Optical goods (prescription)	Used or refurbished products	Hobby or craft
Goods manufactured by applicant	Under own brand or label	Goods packaged, or prepackaged by applicant
Any products directly imported by applicant		Toys

Additional Coverage:

Warehouses and offices: General liability and property coverage is also available for warehouse or office locations. If any warehouse or office locations are to be scheduled, please complete the "Warehouse or Office Locations" section on Page 4 of this application.

II. LOSS INFORMATION FOR THE PAST 3 YEARS

Liability Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

Inland Marine Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

Inland Marine Section (If bound, scheduled property requires description of each item, year, manufacturer, model serial number and limit of insurance for each item)

Limit of insurance for scheduled property and equipment: $ _____

Limit of insurance for miscellaneous property ($2,500 maximum per item): $ _____

Deductible: ❑ $500 ❑ $1,000 ❑ $2,500 ❑ $5,000

III. ELIGIBILITY CRITERIA

1. No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years ❑ True ❑ False
2. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) ❑ True ❑ False
   If "False," advise reason _____

General Liability

3. The applicant has not, is not and will not act as a franchisor (grantor of a franchise) ❑ True ❑ False
4. No leasing or subleasing of premises to others ❑ True ❑ False
5. Not operating inside an amphitheater, arena, ball park, concert hall, stadium or theatre ❑ True ❑ False
6. Applicant is not responsible for more than 40 stands/kiosks ❑ True ❑ False
7. Applicant is not the owner, organizer, or sponsor (other than financial sponsor) of a fair, festival, carnival, market, exhibit or similar event (booth operator or financial sponsors are eligible) ❑ True ❑ False
8. Does applicant sell any of the following products: ❑ Yes ❑ No

Ammunition, firearms or weapons	Fireworks	Cars or vehicles
Massage products	Fire or security alarm or device	Goods rented to others
Flying or aerial objects	Medical supplies	

9. Does applicant operate or provide any of the following services: ❑ Yes ❑ No

Acupressure or massage services	Rock climbing walls	Contracting or construction
Athletic clubs or activities	Tattoo or body piercing	Bathroom attendants
Games of chance	Transportation services	Ice cream trucks (mobile)
Farms	Coat check	Lunch or catering trucks (mobile)
Mechanical rides		

Inland Marine

1. Property or equipment is not salesperson's samples ❑ True ❑ False
2. Property is not ocean marine or property on the water ❑ True ❑ False
3. Property or equipment is not routinely sent by mail or parcel post ❑ True ❑ False
4. Insured does not lease, loan or rent covered property or equipment to others ❑ True ❑ False
5. Property or equipment is not left unlocked and/or unsecured when not in use ❑ True ❑ False
6. No objects are unique or difficult to replace, rare or collectible ❑ True ❑ False
7. Applicant is not a stamp dealer or trading card dealer ❑ True ❑ False

IV. ADDITIONAL APPLICANT INFORMATION

Form of business: ❑ Individual ❑ Corporation ❑ Partnership ❑ LLC ❑ Other

What year did the business start?_____

Applicant's mailing address:_____ (if different than the location address above)

City:_____ State: _____ Zip: _____

Email Address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name:_____ Telephone/E-mail address: _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 a crime and may be subject to fines and confinement in prison.

Applicant's signature: _____ Title: _____ Date: _____

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: _____ License #: _____

Main agency phone number: _____

Agency mailing address: _____

City: _____ State: _____ Zip code: _____

Warehouse or Office Locations

I. GENERAL INFORMATION

1. This location is a : ❑ Warehouse, or ❑ Office
   Location address: _____
   City: _____ State:_____ Zip: _____
2. Area occupied by the applicant: _____ sq. ft.

II. PROPERTY (available only for warehouse and/or office locations)

3. Construction: ❑ Frame ❑ Non-combustible ❑ Modified fire-resistive
   ❑ Joisted masonry ❑ Masonry non-combustible ❑ Fire-resistive
4. Protection class: _____
5. Cause of loss: ❑ Basic ❑ Special Valuation: ❑ Replacement cost ❑ Actual cash value
6. Deductible: ❑ $1,000 ❑ $2,500 ❑ $5,000 Coinsurance: ❑ 80% ❑ 90% ❑ 100%
7. Business personal property limit: $_____
8. Business income and extra expense limit: $_____
9. What type of burglar alarm is on the premises? ❑ Central station ❑ Local ❑ None
10. Is the building fully protected by an operational sprinkler system covering 100% of the premises? ❑ Yes ❑ No

For Building Owners Only:

11. Building limit: $ _____
12. What year was the building constructed? _____
13. If the building is older than 10 years old, please complete the following:
    Roof type: ❑ Flat ❑ Wood shake ❑ Shingle ❑ Metal ❑ Tile ❑ Slate ❑ Other
    Year of latest roof update: _____
    Plumbing type: ❑ PVC ❑ Copper ❑ Lead ❑ Galvanized ❑ Other
14. Total square foot area of building: _____
15. Does the applicant lease any apartments at this location? ❑ Yes ❑ No
    If "Yes," number of units _____ applicable sq. ft. _____.

III. LOSS INFORMATION FOR THE PAST THREE YEARS

16. Property Coverages ❑ None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____
_____	Open/Closed	$ _____	_____

III. ELIGIBILITY:

Liability

17. All office or warehouse locations are for the operation or storage of merchandise for your concessionaire or vendor business only ❑ True ❑ False

Property

18. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers ❑ N/A ❑ True ❑ False
19. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring ❑ N/A ❑ True ❑ False
20. Functioning and operational fire extinguishers readily available ❑ True ❑ False
21. Functioning and operational smoke and/or heat detectors in all units and/or occupancies ❑ True ❑ False
22. No antiques, collectables or reconditioned business personal property ❑ True ❑ False

Applicant's signature _____ Title _____ Date _____