

KIOSK APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

1. In which state are your Kiosks, Push Carts or Booth(s) to be insured: _____

2. Please select the type of property to be insured: Booth Kiosk Push Cart

3. Please confirm the type of location you will trade from during the policy period: All Indoor All Outdoor Indoor & Outdoor

4. Is applicant the business owner? Yes No

5. Do you have all the required licenses and permits (if required)? Yes No Not Applicable

6. Has the applicant had any policy of insurance cancelled or non-renewed in last 3 years?

7. Has the applicant or any other officer/director ever been involved in any bankruptcy proceedings or convicted of arson or insurance fraud?

8. Is the applicant a franchisor?

9. Does applicant lease or sub lease Push Carts, Booths or Kiosks to others?

10. Does applicant expect gross sales to exceed \$500,000?

11. Does applicant rent or lease equipment to others? Yes No

1&. Has the applicant had any licenses or permits refused, revoked or suspended?

1' . Are any Push Carts, Booths or Kiosks left unlocked and/or unsecured when not in use?

1(. Are any Push Carts, Booths or Kiosks in excess of 300 sq ft in size?

1) . Is there any deep fat frying or cooking on an open flame?

1* . Has the applicant had more than two insured or uninsured Property or General Liability losses, claims or circumstances or one insured or uninsured loss, claim or circumstance exceeding \$10,000 in the past three years?

1+. Are physical items (i.e inventory) sold at the Booth, Push Cart or Kiosk? Yes No

1, . Claims for injury or damage arising from the following are excluded from coverage: alcohol; ammunition; firearms; weapons; fireworks or pyrotechnics; motorized equipment or vehicles; and/or tobacco.
Do you wish to continue? Yes No

% . Product liability claims for injury or damage arising from the following are excluded from coverage:
Auto Related Parts; Children's Clothes; Fire or Security Alarm Systems; Hearing Aids;
Prescription Glasses or Medicine; Weight Loss Products and/or Nutritional Supplements?
Do you wish to continue? Yes No

2\$. Are any of the products salesperson's samples, routinely sent by mail or parcel post, unique or difficult to replace, rare or collectable objects? Yes No

ELIGIBILITY QUESTIONS (continued)

2% Are any products imported into the United States or manufactured by applicant under own Brand or Label or Goods Packaged or Pre Packaged by Applicant?	Yes	No
2& Are the Push Carts, Booths, or Kiosks an unattended/automated sales or servicing vending machine?	Yes	No
2' . Does the value of any inventory item exceed \$5,000?	Yes	No
2(. Are any services (other than marketing or promotion) provided at the Booth, Push Cart or Kiosk?	Yes	No
2) . Are any of the following services provided: Acupuncture; Acupressure; Massage; Mechanical Rides; Medical, surgical, nursing or therapeutic care; Body Piercing or Tattooing; Cosmetic Treatments?	Yes	No
2* . Injury or damage arising out of the above listed services will be excluded, would you like to continue?	Yes	No

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____
_____ State _____ Zip code _____
Telephone _____ Email _____
Address of Property to be Insured: _____
_____ State _____ Zip code _____
Name and Address of Retail Broker: _____
_____ State _____ Zip code _____

CONTACT DETAILS

Contact Name _____
Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

2+. Select Period of Insurance: 1 Week 1 Month 3 Months 6 Months 9 Months Annual

2, . Inception Date : _____

&- . Please describe type of product sold or service provided and nature of business: _____

3\$. Please enter number of Push Cart(s) / Booth(s) / Kiosk(s) you own: _____

3% Please enter CGL limit required for Push Cart / Booth / Kiosk: \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

3& Gross Receipts Last 12 Months: _____ **3'** . Estimated Gross Receipt Next 12 Months: _____

3(. Do you require inventory coverage: Yes No

3) . Maximum inventory any one Push Cart / Booth / Kiosk: _____

3* . Total Inventory all Push Cart(s) / Booth(s) / Kiosk(s): _____

COVERAGE AND PROPERTY DETAILS (continued)

3+. Do you have any items to be insured valued in excess of \$2,000 each: Yes No

3, . Do you want to cover Physical Damage cover on Push Cart(s) / Booth(s) / Kiosk(s): Yes No

3- . Maximum Push Cart / Booth / Kiosk value: _____

(\$. Is TRIPRA coverage required: Yes No 4% Is coverage for Waiver of Subrogation required: Yes No

4&. Please select the main location you trade from: Airport Terminal Board Walk Convention Centre Exhibitions
Hotel Resort Shopping Mall (Indoors) Shopping Mall (Outdoors) Tradeshow Train Terminal Sporting Stadia
Public Parks Other (If Other, please include description: _____)

4' . Have there been any insured or uninsured losses or claims at the Booth(s) to be insured: Yes No

Describe all prior losses: _____

4(. If required, please enter details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____

Date _____ Date _____