

**MAIN SALES INSURANCE SOLUTIONS, INC.
FLEA MARKET SUPPLEMENTAL**

Applicants name: _____ Date: _____

1. Describe all business operations conducted by applicant: _____

2. Interest of applicant in the premises: Owner Tenant
3. Number of years in business: _____
4. Facility Is: Indoor Outdoor Drive-in theater Other (please describe): _____

PROHIBITED OPERATIONS

- Risks allowing the sales of fireworks, guns & ammunition
- Any amusement devices or rides on premises
- Armed Security Guards

RECEIPTS/ATTENDANCE INFORMATION

5. Total annual gross receipts: \$ _____
6. Number of vendor spaces: _____ Is applicant provided with a certificate of insurance and additional insured endorsement from vendors? Yes No
7. What is average daily attendance? _____ How many days a week is facility open? _____

FIRE SAFETY/MISCELLANEOUS INFORMATION

8. If indoor, is there an emergency lighting system? Yes No How many exits? _____
9. If outdoor, is there access to a phone for emergencies? Yes No
10. Does aisle space meet local fire department regulations? Yes No
11. Are fire extinguishers kept on premises? Yes No How often are they serviced? _____

12. If flea market closes after sundown, are premises (including the parking lot) well lit?
13. Does applicant employ any security guards? Yes No Armed Unarmed
(If armed, coverage is prohibited.)
If they are independent contractors, are certificates of insurance obtained? Yes No
14. Does applicant store petroleum products in underground tanks, L.P.G., flammable liquids, ammunition or explosives on the premises? Yes No If "Yes", PROHIBITED

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer Signature: _____ Date: _____