

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

PRIMARY VENDORS LIABILITY APPLICATION

Legal Name of Fair: _____
Fair Dates: _____
Set up & Tear down Dates: _____

The following information must be completed for each vendor for which coverage is being requested. Please attach a separate schedule for additional vendors, if needed.

1. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

2. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

3. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

4. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

5. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

6. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

7. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

8. Legal Name of Vendor: _____

dba (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

9. Legal Name of Vendor: _____

dba (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

10. Legal Name of Vendor: _____

dba (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

11. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:
_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

12. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:
_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

13. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:
_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

14. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:
_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

15. Legal Name of Vendor: _____
dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

16. Legal Name of Vendor: _____
dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

17. Legal Name of Vendor: _____
dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

18. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

19. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

20. Legal Name of Vendor: _____
 dba (if applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Phone: _____

Number and Type of Units for Vendor:

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____ Stick Joint

Describe product or service provided for this vendor:

In past 3 years has this vendor had a claim at the fair:

Fully completed application must be received at least 10 days prior to requested effective date. Incomplete applications will be declined and returned. Certain operations are not eligible under this policy.

Submission of this application does not guarantee coverage for each vendor, we reserve the right to decline any request for coverage.

Premiums are 100% fully earned at inception and nonrefundable.

Some ineligible operations –

- Alcoholic beverage sales
- Animals
- Body Piercing
- Fireworks sales and displays
- Game Concessions
- Mechanical or Inflatable amusement devices
- Medical testing, including blood pressure machines
- Permanent Tattooing
- Real estate sales or rentals, including time shares
- Teeth whitening
- Weapon sales

GENERAL FRAUD STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied. I hereby certify that the information provided herein is true and correct.

I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Signature of Agent

Date Signed

Date Signed