

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

INDEPENDENT CONCESSIONAIRE SUPPLEMENTAL APPLICATION

General Information:

Applicant: _____
Business Name: _____
Address: _____
(city, state, zip) _____
Phone: _____ Fax: _____ Cell: _____

- Food – (Products Liability Included)
- Game – (Products Liability Not Available)
- Commercial * (May purchase Products Liability for an additional premium with Underwriting approval)
- Products

Type of Products/Food/Beverage Sold: _____
Type of Units (ex. Booth, Trailer, Tent, Cart, or Stick Joint) _____

	<u>Year</u>	<u>Trailer Make</u>	<u>Serial Number (required)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Unlicensed mobile equipment such as ATV's, Golf Carts, Mopeds can be included for use on location for an additional premium:

	<u>Description</u>	<u>Manufacturer</u>	<u>Serial Number (required)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

***EXCLUDES:** Permanent Tattooing and Body Piercing, Alcohol Sales, Real Estate Sales including Time Share Sales or Rentals, Amusement Devices, Game Concessions, Fireworks Sales & Displays, Teeth Whitening, Animals, Weapon Sales, Medical Testing including Blood Pressure Machines.

****Please Note that this application must be completed in addition to the Accord Commercial Insurance and General Liability Application****

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 Date Signed Signature of Agent Date Signed