

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**FLEA MARKET SUPPLEMENT**

Name Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Alternate Address: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**General Information:**

Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

Brief description of Business: \_\_\_\_\_

How long in Business: \_\_\_\_\_ Estimate Gross: \_\_\_\_\_

Effective Dates Requested: \_\_\_\_\_ to \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Prior Premium \$: \_\_\_\_\_

**Coverage:**

Premises/Operations  Products  
 Including Vendors (Please attach list of Vendors and Product(s) sold)  
 Excluding Vendors  Property (complete supplement attached)

**Additional Insured:**

Name and Address: \_\_\_\_\_ Interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Loss Information:**

<u>Year</u>	<u>Total # of Claims</u>	<u>Total Paid</u>	<u>Total Expenses</u>	<u>Total Reserves</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Estimated Weekly Attendance: \_\_\_\_\_

Other Exposures on Premises (Entertainment, Rides, Etc.): \_\_\_\_\_

Number of Booths Indoor: \_\_\_\_\_ Outdoor: \_\_\_\_\_

Number of Food Vendors: \_\_\_\_\_ Number of Non Food Vendors: \_\_\_\_\_

Number of Months Open: \_\_\_\_\_ Days Open: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Beer Sold  Yes  No To be covered  Yes  No

If yes, who holds Liquor License? \_\_\_\_\_ Gross Receipts from Liquor \$: \_\_\_\_\_

Food Sold  Yes  No To be covered  Yes  No

Are Golf Carts used on premises?  Yes  No If yes,  Owned  Leased How many? \_\_\_\_\_

Parking Lot paved?  Yes  No # of spaces: \_\_\_\_\_

Shuttle service for patrons from parking?  Yes  No If yes, describe in detail: \_\_\_\_\_

Is Security present during open hours?     Yes    No                      Closed hours?     Yes    No

If Security present, are they             Employees     Independent contractors

If Independent, are you named as an additional insured?     Yes    No

Is Security armed?             Yes    No                      Are guard dogs used?     Yes    No

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