

**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:

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

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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:

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

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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:

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

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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:

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

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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:

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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:

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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