MARKET OPERATOR PROGRAM
PROGRAM APPLICATION

SwapPRO FEATURING VENDOR PLUS

GENERAL INFORMATION

Legal Name		
☐ Corporation /LLC ☐ Partnership ☐ Individual ☐ Joint Venture ☐ Subsidiary ☐ Other		
Do you operate under a DBA? ☐ Yes ☐ No	d.b.a. Name	
Contact Name /Title		
Mailing Address		
City:	State WY	Zip
Premise Address:		
City:	State WY	Zip
Phone#	Fax#	Cell#
Web Address: www.	Email Address:	
Year Established:	Are you a New Venture? ☐ Yes ☐ No	
*Coverage Currently In Force? ☐ Yes ☐ No	Coverage Term From:	to
*If coverage is in force please attach 4 years of currently valued Loss Runs		

LIST MAJOR OWNERS / SHAREHOLDERS

NAME	TITLE	% OWNERSHIP

PRIOR COVERAGE INFORMATION

Coverage Type ☐ Occurrence ☐ Claims Made	If Claims Made, Retro Date:

COVERAGE	CARRIER	EXPIRATION DATE	EXPIRING PREMIUM
Liability			$
Property			$
Auto			$
Workers Comp			$
Umbrella			$

STATE NATURE OF BUSINESS AND DESCRIPTION OF BUSINESS OPERATIONS

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PROPERTY SECTION – Required information for each location to be insured

COVERAGE	LIMIT	*VALUATION TYPE			DEDUCTIBLE
Building	$	☐ RC	☐ ACV	☐ SV	$
Business Personal Property	$	☐ RC	☐ ACV	☐ SV	$
Leased Property & Equip.	$	☐ RC	☐ ACV	☐ SV	$
Property At Any Other Loc.	$	☐ RC	☐ ACV	☐ SV	$
Loss of Business Income	$	Period of Indemnity – (# of Days)			

***** RC – Replacement Cost, ACV – Actual Cash Value, SV – Stated Value

BUILDING INFORMATION

Describe Neighborhood ☐ Residential ☐ Commercial ☐ Industrial

Construction Type:
☐ Wood Frame ☐ Masonry-*Wood Roof & Floors* ☐ Masonry-*Concrete & Steel Roof/Floors* ☐ Fire Resistive

Building is: ☐ Inside City Limits ☐ Outside City Limits?		Building is: ☐ Owned ☐ Rented	
# of Stories?	Age of Building?	Sq. Footage?	Roof Type?

Building Updates Made: ☐ Wiring ☐ Plumbing ☐ Roofing ☐ Heating & Air | Year Made:

Do you occupy the entire Premise? ☐ Yes ☐ No, If no, Describe Other Occupants?

Do you have an Alarm System? ☐ Yes ☐ No; ☐ Smoke ☐ Fire ☐ Burglar ☐ Other

Your Security System is ☐ Central Station ☐ Policy ☐ Gong Alarm ☐ Video Surveillance

Do you have? ☐ Fire Extinguishers ☐ Sprinkler System, if Yes, % of Building Sprinklered

Parking Lot ☐ Yes ☐ No | Secured: ☐ Yes ☐ No, if Yes, In what way?

ADDITIONAL COVERAGES

Crime Coverage: ☐ Yes ☐ No | Employee Dishonesty: ☐ Yes ☐ No Amount $ # of Employees

How often are deposits made? | Number of cashiers?

Money & Securities: ☐ Yes ☐ No On Premises $ Off Premises $

LIQUOR LIABILITY SECTION (if yes explain)

Liquor License Number:

Type of alcoholic beverages sold?

In what size are alcoholic beverages served? ☐ Glass/Cup ____oz. ☐ Pitcher ____ oz ☐ other

Has your license ever been revoked or suspended?

What type of liquor training is provided for your employees serving liquor?

Alliant Insurance Services, 570 Rancheros Dr. Ste 101, San Marcos, CA 92069 Email: info@swappro.com Tel: 800-428-1985 Fax: 619-699-2141

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COMPREHENSIVE LIABILITY SECTION

COVERAGE	PER OCCURRENCE	AGGREGATE LIMIT	DEDUCTIBLE
Limit of Liability	$	$	$
Excess Limit	$	$	$

SALES RECEIPTS

Admissions:	Food/Drink:	Liquor:

ANSWER THE FOLLOWING Y=YES / N=NO. EXPLAIN ANY YES RESPONSES

1. Estimated number of booths?		10. Hours of operation?	
2. Price per booth?		11. Any live entertainment?	N
3. Do you have Quality Control program/procedures?	N	12. Are Additional Insured Endorsements required?	N
4. Do you lease employees to or from other employers?	N	13. Vendors Coverage required?	N
5 Do you provide security? N Armed?	N	14. Which Trade Association are you a member of?	
6. If not, is security provided by an outside service?	N	15. Any amusement rides? If yes- please explain below.	N
7. Do they provide you with a certificate of insurance?	N	16. Estimated Annual Attendance	
8. Market Type (percent) Outdoor/Open Air	N	17. Vendor Insurance Required? Concessionaires Only ☐	N
9. Market Type (percent) indoor operations	N	18. Days of operation? ☐M ☐T ☐W ☐Th ☐F ☐S ☐Sun	

19. Please provide rules regarding set-up and tear down times, and any rules governing these activities.
(please attach vendor agreement if available)

EXPLAIN ANY YES:

BUSINESS AUTOMOBILE LIABILITY (if desired)

Auto Liability Limit $

Physical Damage	Y ☐ N ☐ Specific ☐	Deductible, If Any	$		
Hired & Non Owned Auto Liability Desired	☐ Yes / ☐ No (if Any)	Comprehensive Ded.	$	Collision Ded.	$
Hired Physical Damage		☐ Yes / ☐ No (if Any)			
DRIVER SCHEDULE		☐ Yes / ☐ No (if Any)			

PLEAS ATTACH A DRIVER'S LIST INCLUDING NAME, JOB DESCRIPTION, DATE OF BIRTH, DL #, STATE

OWNED / LEASED VEHICLE SCHEDULE

PLEASE ATTACH A VEHICLE LIST INCLUDING: YEAR, MAKE, MODEL, VIN #, STATE, VALUE NEW, GARAGE ZIP

ADDITIONAL COVERAGES

Umbrella – Excess Liability	☐ Yes ☐ No	Limit of Liability $
Employment Practices Liability	☐ Yes ☐ No	Limit of Liability $
Directors and Officers Liability	☐ Yes ☐ No	Limit of Liability $
Employee Benefits Liability	☐ Yes ☐ No	Limit of Liability $
Special Events	☐ Yes ☐ No	Limit of Liability $

REQUIRED UNDERWRITING INFORMATION:

☐ **LIST OF ALL COMPANY OWNED VEHICLES (Year, Make, Model and VIN#)**

☐ **LIST OF ALL DRIVERS (Names, DOB, Driver License #'s and State of issue)**

☐ **4 YEARS HARD COPY LOSS INFORMATION**

SIGNATURE of Applicant: _____ ***Date:*** _____

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