



STREET VENDORS SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

- Number of years' experience:
- Gross receipts for the year: \$
- Describe all business operations conducted by you:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Has your business had any changes in ownership over the past 3 years?
If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you sell any homemade products including toys?
If yes, describe products: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you sell health care, nutritional products, or weight loss products?
If yes, describe products: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you sell any foreign-made or imported products?
If yes, describe and explain where products are from: | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you sell any waterborne products?
If yes, describe products: | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you operate a catering truck or a food concession stand?
<i>If yes, complete the Restaurant, Bar & Tavern Supplement, S369-IL.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		