
QUESTIONNAIRE – ARTISTS & CRAFTERS

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

If the business maintains a web site, state the address: _____

This program is designed for home-based, part-time operations making smaller, transportable products to be sold at fewer than 25 shows per year.

1. What is your craft or product? _____

a. What are your 3 best selling items? (Describe in detail below)

1. _____

2. _____

3. _____

b. Do you assemble and/or sell any products crafted or manufactured by someone else?

Yes No

If yes, please list products and name of crafter or manufacturer.

2. How many shows do you attend in a year? _____

3. What are your gross sales from all arts and crafts for a 12 month period? \$ _____

4. What is the value of your equipment and your unfinished product at your premises? \$ _____

5. What is the value of your product minus the profit that you usually take to shows? \$ _____

6. Attach copy of brochures or advertising material regarding your product.



Capitol Indemnity Corporation
 Capitol Specialty Insurance Corporation
 Platte River Insurance Company

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address	
Producer's Signature: _____	Date: _____