

Capitol Indemnity Corporation

P.O. Box 5900

Madison, WI 53705

ARTISTS & CRAFTERS PROGRAM QUESTIONNAIRE

Please fill out this form completely
(To be Attached to ACORD Application)

Agent's Name & Address

Risk Name: _____

Policy: _____

Business Hours: _____

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)

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.

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THE QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____