

**APPLICANT INFORMATION**

Applicant Name (“Applicant”): \_\_\_\_\_  
(as it should appear on the Policy)

Applicant is a/an:      Individual      Corporation      Partnership      Other

Address: \_\_\_\_\_  
(Number)                                  (Street)                                  (Suite)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
(Number)                                  (Street)                                  (Suite)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Online Vendor (platform on which you sell products or services): \_\_\_\_\_

Merchant Identification Number (for which coverage is desired): \_\_\_\_\_

Desired Effective Date (No Backdating): \_\_\_\_\_

**APPLICANT’S OPERATIONS**

1. Annual Gross Sales: \_\_\_\_\_

2. Applicant’s estimated Cost of Goods Sold as a percentage of Gross Sales:

< 16%      16% - 25%      26% - 35%      36% - 45%      > 45%

3. Years in Business:

< 2 years      2 - 5 years      > 5 years

4. Positive Feedback Rating (average) for past 365 days:

< 90%      90% - 97%      > 97%

5. Do you purchase **all** your inventory directly from authorized manufacturers, wholesalers, or distributors?      Yes      No

6. Do you fulfill **all** your inventory using Fulfillment by Amazon (FBA)?      Yes      No

7. Have you received any inquiries or requests for additional details from Amazon regarding your seller account in the past 180 days?      Yes      No

If “Yes”, how many inquiries have you received? \_\_\_\_\_

8. Has your seller account been suspended by Amazon in the past 365 days?      Yes      No

9. Have you ever had an online seller account on any platform terminated on a permanent basis?      Yes      No

**CLAIMS HISTORY**

10. Are you aware of any circumstance, incident or issue relating to your online selling activities, conduct or performance that is likely to result in a suspension or ban?  Yes  No

If “Yes”, please attach a detailed explanation on a separate page.

**WARRANTY AND REPRESENTATIONS**

- A. The Undersigned warrants and represents that the statements, representations and information contained in or attached to this application are true and complete, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this application.
- B. The Undersigned acknowledges and recognizes that the statements, representations, and information contained in or attached to this application are material to the risk assumed by the insurer; that any policy will have been issued in reliance upon the truth thereof; and that this application and all written statements and materials furnished to the Insurer in conjunction with this application shall be deemed incorporated into and made a part of the policy, should a policy be issued.
- C. The Undersigned acknowledges and agrees that if the information supplied on this application or in any attachments changes between the date of the application and the inception date of the policy period, the Applicant will immediately notify the insurer of such change, and the insurer may withdraw or modify any outstanding quotations and/or agreement to bind the insurance.
- D. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall have the same force and effect as an original signature; and that the original and any such copies shall be deemed one and the same document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Must be signed by an owner, partner or principal**  
**Must be signed and dated no more than 30 days prior to binding coverage**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_