

T.H.E. INSURANCE COMPANY
10451 Gulf Boulevard
Treasure Island, FL 33706
FAIR LIABILITY APPLICATION
(Acord 125 Required with Fair Application)

Proposed Effective Dates: _____ to _____

Legal Name of Applicant: _____
dba (if applicable) _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Fair Dates: _____

Set up & Tear down Dates: _____

Fair Location: _____

Is the location: Owned Long-Term Lease Short-Term Lease

Total Acres: _____

Is perimeter fenced or otherwise enclosed? Yes No

Operations

Annual Gross Receipts \$ _____

Anticipated attendance _____

Gross Receipts from Fair Dates \$ _____

Last year's attendance _____

Years of operation _____

Years under present management _____

Number of Employees _____

Number of Volunteers _____

Total # of Vendors: _____ Are Certificates of Insurance required naming your organization as Additional Insured? Yes No

Food/Beverage: _____ Arts/Crafts: _____ Other: _____ (if other describe)

If primary General Liability is needed for vendors, please complete primary vendor application and attach a complete list of primary vendors.

Who provides Liquor at your event? Fair Contractor(s) No Liquor Liability

(If sold or furnished by you a complete Liquor Liability Supplement is required)

If sold or furnished by contractor(s), do you have a Certificate of Insurance with your organization named as an additional insured? Yes No

Do you have Athletic/Sports activities or events? Yes No

Attach a description of each event if not included in your program/schedule of events

Maximum number of participants in any one sports activity/event: _____

Are waivers obtained or included in participant registration forms for all events requiring entry registration and fee? Yes No

We recommend you obtain waivers from all athletic participants.

Do you have live music? Yes No

Number of stages _____

Total # of performers _____

Entertainment is: Locally known Regionally known Nationally known

Type of music: _____

Do professional performers hold the fair harmless with regard to any injuries? Yes No

If Temporary Stages used who owns & sets up? _____

If stage is used how high and what systems or physical characteristic keep spectators off stage? _____

Who is responsible for Stage Set Up? _____

If contracted is certificate of insurance provided naming you as additional insured? Yes No

If Temporary Bleachers are used, who is responsible for set up? _____

If contracted is certificate of insurance provided naming you as additional insured? Yes No

If Temporary Lighting used, who is responsible for set up? _____

If contracted is certificate of insurance provided naming you as additional insured? Yes No

Are Tents used, who is responsible for set up? _____

If contracted is certificate of insurance provided naming you as additional insured? Yes No

What percentage of attendance will be festival seating, i.e., non-reserved? _____

How long before scheduled performance time will you allow entry of spectators? _____

Permanent Facilities on Premises:

Exhibit Building(s) How Many? _____

Bleachers / Grandstands # of Permanent _____ # of Portable _____

Do Bleachers & Grandstands have back & side rails? Describe: _____

Provide Seating Capacity, Construction & Age of Bleachers / Grandstands _____

Horse Track

Auto Track

Rodeo Arena

Stages # of Permanent _____ # of Portable _____

Skating Rink Ice Roller

Camping (non-Fair related) # of primitive sites _____ # of improved sites (with utilities) _____

Other Describe: _____

Do you have swimming pool/lake on fair grounds? Yes No

Check all that apply:

Diving Board

Slide

Rafts

Water Trampoline

Swing/Rope Swing

Other Describe: _____

Please indicate if you have Events/Activities involving:

Mechanical Amusement Rides owned by you Yes No

Child Care Operations Yes No

Aircraft Yes No

Motorized Watercraft Yes No

Animals provided by you for Riding or Racing Yes No

Any "Yes" responses to questions above require an explanation: _____

Please indicate Fair Events/Activities:

	<u>To Be Covered</u>	<u>Covered Elsewhere</u>	<u>N/A</u>
Horse Racing	___	___	___
Grand Stand Shows	___	___	___
Rodeo (Participant/Accident not available)	___	___	___
Indoor Exhibits	___	___	___
Outdoor Exhibits	___	___	___
Carnival Midway	___	___	___
Fireworks Display	___	___	___

Displayer: _____

Are hand sanitation stations provided in all areas with animal exhibits? Yes No

Describe Events/Activities to be covered not listed above (**attach brochure**):

Amusement Rides owned by Fair:

<u>Description</u>	<u>Serial #</u>
_____	_____
_____	_____
_____	_____

(Attach list if more space is needed)

Do you have Motor Sports?

	<u># of</u>	<u>Dates</u>	<u>Spectator Liability</u>	<u>Participant Accident</u>
<input type="checkbox"/> Demolition Derbies	_____	_____	___	___
<input type="checkbox"/> Sprint	_____	_____	___	___
<input type="checkbox"/> Drag	_____	_____	___	___
<input type="checkbox"/> Mud Bogs	_____	_____	___	___
<input type="checkbox"/> Stock	_____	_____	___	___
<input type="checkbox"/> Truck & Tractor Pulls	_____	_____	___	___

Is promoter providing fair with Certificate of Insurance naming the fair as Additional Insured used to run Motor Sports Events? Yes No

(If Fair is responsible for Motor Sports Event please complete Motor Sport Supplemental Application)

Describe Motor Sports to be covered not listed above (**attach brochure**):

Describe barriers & fencing used to keep spectators a safe distance from racing surface and pit area

Who provides security for your fair?

City County State Employee/Volunteers

If private security is utilized, do you obtain a certificate of insurance naming your organization as additional insured? Yes No N/A

Is security armed? Yes No

Guard dogs Yes No

Minimum number of Medical Personnel:

Paramedic(s) _____ EMT/EMS _____ Nurse _____ Other _____

Is there an ambulance on site? Yes No

Describe any medical facilities on site: _____

Are facilities in compliance with city, state, county, and township building, safety and fire codes? Yes No

(Non-Compliance will invalidate insurance)

Minimum Fire Protection on premises during fair:

Are fire extinguishers easily accessible in all buildings? Yes No

How often are they checked? _____

Are hydrants and hoses strategically located and accessible Yes No

Is water source Municipal Line On Premises Reservoir Fire Station Tank Truck

Other: _____

Distance to nearest fire station: _____

Fire Station is managed by: Professionals Volunteers

Is there a fire alarm system on site? Yes No

Do you have a catastrophic emergency evacuation plan? If yes, please attach a copy. Yes No
 Is a health inspection conducted on all areas prior to the opening of the fair? Yes No
 Is there any remote parking? Yes No
 Do you provide shuttle service from remote parking lot to fairgrounds? Yes No
 Is shuttle service provided by an outside vendor that provides a Certificate of Insurance to the fair? Yes No
 If no, list vehicles used.

Year	Make	Model	VIN #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach list if more space is needed)

Does fair use horse drawn or tractor drawn wagons? Yes No
 If yes, describe _____
 Do you use any of the following on the fairgrounds premises?
 ATV's, Tractors, Trucks, Utility Vehicles, Vans Yes No
 If Yes, Specify numbers of ATV's _____, Tractors _____, Trucks _____, Utility Vehicles _____, Vans _____
 Are they? Owned Hired Leased Borrowed Donated
 How are they used for the fair? _____
 Are golf carts used on the fairgrounds by fair personnel? Yes No
 Are they Leased Owned How many? _____
 What are they used for? _____

 What carnival(s) does the Fair contract with? _____

Do they provide Certificate of Insurance? Yes No
 If No explain: _____
 Do you allow storage of other people's property (ie; cars, boats, RV's) on premises? Yes No
 If Yes describe: _____

Off Season Events:	Indicate events if are to be covered by fair policy or are certificates provided?	
<u>Dates:</u>	<u>Event Function:</u>	<u>Certificate</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

(provide schedule of Off Season Events if available)

Prior Insurance and Loss Experience: (Mandatory)

Year	Insurance Company	Liability Limits	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**** Include a complete copy of your current commercial general liability policy****

Has your insurance ever been: Cancelled Declined Non-Renewed
 If so, please explain: _____

Loss Information: (Minimum of three (3) years loss history from previous carriers must be attached)

Describe any loss over \$25,000: _____

(attach separate page if additional space required)

Fairgrounds – Non-Operating Season
(does not include off season events/quoted separately)

Volunteer Medical Coverage* \$5,000 Accidental Death & Dismemberment
 \$5,000 Excess Medical
 \$50 Per week for 26 weeks
 _____ # of Volunteers

Association Board Member Participant Coverage*
 \$25,000 Accidental Death & Dismemberment
 \$5,000 Excess Medical
 \$200 Per week for 52 weeks
 Provide list of board members to be covered.

(*Volunteer & Association Board Member Medical Coverage's may not be available in all states)

Other Coverage Available (Supplemental Applications Required)

<input type="checkbox"/> Property	Value \$ _____	Deductible: \$ _____		
<input type="checkbox"/> Crime			Limit	Deductible
Employee theft		\$ _____		\$ _____
Inside the premises – Theft of Money & Securities		\$ _____		\$ _____
Inside the premises – Robbery & Safe Burglary other Property		\$ _____		\$ _____
Outside the premises		\$ _____		\$ _____
<input type="checkbox"/> Inland Marine	Value \$ _____	Deductible: \$ _____		
<input type="checkbox"/> Directors & Officers Liability	\$ _____	Limits	\$ _____	Self Insured Retention

Signature of Applicant

Signature of Agent

Date Signed

Date Signed

Did you remember to include?

- | | |
|---|---|
| <input type="checkbox"/> Minimum 3 years loss history | <input type="checkbox"/> Premises/site lease agreement |
| <input type="checkbox"/> Current financial statement | <input type="checkbox"/> Copy of current general liability policy |
| <input type="checkbox"/> Standard booth agreement | <input type="checkbox"/> Schedule of events/program/brochure |
| <input type="checkbox"/> Site diagram | <input type="checkbox"/> Standard athletic participant waiver |
| <input type="checkbox"/> Fireworks Certificate of Insurance | <input type="checkbox"/> Carnival Certificate of Insurance |
| <input type="checkbox"/> Grandstand/bleacher photos | <input type="checkbox"/> List of additional insured's required and relationship |
| <input type="checkbox"/> Schedule of owned equipment (if Inland Marine coverage desired) | |
| <input type="checkbox"/> Other contracts where you agree to indemnify or hold others harmless | |