

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

FAIR RENEWAL APPLICATION

Legal Name of Applicant: _____

Mailing Address: _____

Physical Address: _____

Contact Person: _____ Phone: _____

OPERATIONS:

Anticipated Gate Receipts: \$ _____

Anticipated attendance: _____

Fair Dates: _____

Set Up Dates: _____ Tear Down Dates: _____

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"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sprint | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Drag | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Mud Bogs | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Stock | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Truck & Tractor Pulls | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Provide Updated list of Directors and Officers if coverage applicable.

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

Does fair provide shuttle service for patrons from parking lot to grounds? Yes No

If yes, list vehicles used:

| Year | Make | Model | Vin# |
|------|------|-------|------|
| | | | |
| | | | |

Specify numbers of vans, tractors, ATV's, or snowmobiles: _____ Owned _____ Hired
_____ Leased _____ Borrowed _____ Donated

How are they used for the fair? _____

Are golf karts used on the fair grounds by fair personnel? Yes No

Are they Leased Owned How many? _____

Please provide Year, Manufacturer and Serial # for each:

| Year | Manufacturer | Serial # |
|------|--------------|----------|
| | | |
| | | |

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

If sold or furnished by you, complete attached Liquor Liability Supplement

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

Please review the attached Comparison of Exposure and indicate any changes, additions, deletions and new dates for the coming fair season.

Please provide brochure for new fair season if available.

Please provide list of new off season events to be covered:

GENERAL FRAUD STATEMENT:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, Virginia and Washington, insurance benefits may also be denied. I hereby certify that the information provided herein is true and correct.

I understand that this application and supplement will become a part of the policy and any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Signature of Agent

Date Signed

Date Signed