

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706

FAIR LIABILITY APPLICATION

Proposed Effective Dates: _____ to _____

Legal Name of Applicant: _____
dba (of 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 premises: Owned Long-Term Lease Short-Term Lease

Total Acres: _____

Is perimeter fenced or otherwise enclosed? Yes No

Hours of Operation: Open: _____ Close: _____

Operations

Anticipated gate receipts (including advance sales) \$ _____

Anticipated attendance _____

Anticipated admissions fee \$ _____

Last year's gate receipts (including advance sales) \$ _____

Last year's attendance _____

Last year's admission fee \$ _____

Total parking capacity _____

Years of operation _____

Years under present management _____

Total # of Vendors/Exhibitors: _____

Food/Beverage: _____ Arts/Crafts: _____ Other: _____

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, 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

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 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"/>

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

Please indicate if you have Events/Activities involving:

Mechanical Amusement Rides owned by you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Care Operations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fireworks discharged <u>by you</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Motorized Watercraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals provided by you for Riding or Racing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Fair Camping/Lodging	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any "Yes" responses to the 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand Stand Shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rodeo (Participant/Accident not available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor Exhibits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Exhibits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carnival Midway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks Display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displayer: _____			
Animal Exhibits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold Truck/Tractor Pulls?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of: _____			
# of: _____			
Do you want Participant/Accident Coverage?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Permanent Facilities on Premises:

<input type="checkbox"/> Exhibit Building	How Many? _____	
<input type="checkbox"/> Bleachers	# of Permanent _____	# of Portable: _____
<input type="checkbox"/> Horse Track		
<input type="checkbox"/> Auto Track		
<input type="checkbox"/> Rodeo Arena		
<input type="checkbox"/> Stages	# of Permanent _____	# of Portable: _____
<input type="checkbox"/> Judging Area		
<input type="checkbox"/> Skating Rink	<input type="checkbox"/> Ice <input type="checkbox"/> Roller	
<input type="checkbox"/> Concession Buildings	How Many? _____	
<input type="checkbox"/> Bathroom Facilities	How Many? _____	
<input type="checkbox"/> Office	How Many? _____	
<input type="checkbox"/> 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: _____

Amusement Rides owned by Fair:

Description

Serial #

_____	_____
_____	_____
_____	_____

Who provides security for you 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 _____

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

Do you plan any new construction or remodeling during the policy period requested? Yes No

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

If yes, list vehicles used.

Year	Make	Model	Vin #

Does fair use horse drawn or tractor drawn wagons for this service? Yes No

Does fair use any other mode of transportation for this service? Yes No

If yes, describe _____

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? _____

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

Did you remember to include?

- Minimum 3 years loss history
- Current financial statement
- Standard booth agreement
- Site diagram
- Fireworks Certificate of Insurance
- Grandstand/bleacher photos
- Schedule of owned equipment (if Inland Marine coverage desired)
- Other contracts where you agree to indemnity or hold others harmless

- Premises/site lease agreement
- Copy of current general liability policy
- Schedule of events/program/brochure
- Standard athletic participant waiver
- Carnival Certificate of Insurance
- List of additional insured's required and relationship