



FAIRS & FAIRGROUNDS APPLICATION

BROKER INFORMATION

Broker/Agency Name:					
Address:		Street:		City:	
State:		Zip:			
Contact Person:		Phone #	Fax #	E-Mail:	Website:

GENERAL APPLICANT INFORMATION

Business Name:					
Address:		Street:		City:	
State:		Zip:			
Contact Person:		Phone #	Fax #	E-Mail:	Website:
Is the proposed insured a subsidiary of another company?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide name of parent company if yes:
Location of Fair site :		Street:		City:	
State:		Zip:			
Fair/Fairground Name (if different)					
Is the premises owned by the Named Insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Previous Insurance Carrier:		Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide an explanation:					
Policy Term:	Year:	Year:	Year:	Year:	
Limits:					
Annual Premium:					
*Total Incurred Losses:					

*Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Deductible/Self-Insured Retention	Other
General Liability					
Special Events					
Other - Describe					

UNDERWRITING INFORMATION

FAIR INFORMATION:					
Dates of Fair:					
How many years has this Fair been under the current management?					#
Is there a Fair Risk Manager?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, how many years of experience?	
# of Employees:			# of Volunteers:		
Estimated Total Attendance:#		Estimated Daily Attendance:#		Total Attendance last year:#	
Total Annual Revenue: \$			Gross Receipts from Fair: \$		
Estimated # of Exhibitors/Vendors:		#			
Describe the medical support:					
Distance to nearest Medical Facility:		# of miles:		Will an Ambulance be on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a formal emergency evacuation plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there written emergency procedures that address:			<input type="checkbox"/> Severe Weather <input type="checkbox"/> Threats/bomb, etc. <input type="checkbox"/> Major Accidents		
Who is providing Fair Security?		<input type="checkbox"/> County	<input type="checkbox"/> City	<input type="checkbox"/> State	<input type="checkbox"/> Fair Employees
					<input type="checkbox"/> Private Agency
If a Private Agency, is there a certificate naming you as additional insured?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, provide a copy					



FAIRGROUND INFORMATION:			
How many Acres:#			
Is there any boarding of animals?		<input type="checkbox"/> During Fair	<input type="checkbox"/> Non Fair Boarding
Describe the precautions taken to prevent spectators from entering restricted areas. Include fencing and other barriers that will be used to prohibit entry by non-ticketholders:			
Who is responsible for pre-fair inspection of the fairgrounds?			
Is the facility in compliance with all governmental safety and fire codes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grand Stands/Bleachers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Built: # Height:
Number of Seats:		Type of Seat: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete	
Construction Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete			
Describe the Footing Type:			
Are there any Guardrails?	Sides: <input type="checkbox"/> Yes <input type="checkbox"/> No	Back: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How is the Grandstand Accessed?		<input type="checkbox"/> Frontload <input type="checkbox"/> Backload	
Portable Bleachers	#	Construction Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal	
Is there a documented inspection/maintenance program?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of last inspection?	
Parking Area: <input type="checkbox"/> On Premises <input type="checkbox"/> Across Street <input type="checkbox"/> Remote – Any Shuttle Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Parking Area	<input type="checkbox"/> Paved #Acres	<input type="checkbox"/> Dirt # Acres	<input type="checkbox"/> Grass #Acres
Elevation of Parking Area		<input type="checkbox"/> Level <input type="checkbox"/> Sloped	
Is Parking Area Security Patrolled:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Parking Area have sufficient lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the answer is No to the above questions on security or lighting, please provide a detailed explanation:			

Fair Activities				
Description	Insured's Control	Sub-contracted	Certificate naming Insured as Additional Insured	Supplemental App Required
Amusement rides				
Campgrounds: # of spaces:				
Concerts – Music Type: Top Performers: 1. 2. 3.				
Concessions: <input type="checkbox"/> No Alcohol <input type="checkbox"/> Alcohol				<input checked="" type="checkbox"/> Alcohol Only
Demolition Derby				If Insured's control refer to section on app
Fireworks/Pyrotechnics Displays				
Inflatables				
Mechanical Devices				
Motorsports				
Other:				
Other:				
Other:				



SPECIAL EXPOSURES:					
PETTING ZOO/LIVESTOCK AREAS					
Are all animals properly vaccinated?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is there a hand-washing or sanitizer station at the exit of petting zoo?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Are signs posted to encourage hand-washing after contact with animals? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who operates the petting zoo?		<input type="checkbox"/> Insured <input type="checkbox"/> Contractor, If Contractor:			
Is there a contract with hold harmless in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is Insured Named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OFF SEASON LEASES					
Do you lease space for off season usage or storage of property of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe use or type of storage (RV's, Boats, Etc.):			
Do you have written agreements?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are you requiring certificates of insurance naming you as additional insured?			
Do you have written storage guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are lessees' required to sign them? <input type="checkbox"/> Yes <input type="checkbox"/> No					
OTHER EVENTS					
Do you operate or promote other events?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach a list of expected events for the upcoming year			
PARADES					
Date(s) of Parade:		# of Floats:	# of Animals:		# of Bands:
# of motorized vehicles:		Est. Spectator Attendance:			
Are souvenirs or other items allowed to be thrown into the crowd?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
RODEO					
Rodeo Date(s):		Name of Rodeo Promoter:		Est. attendance: #	
Is the stock boarded overnight?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are the transfer areas between the animal pens/stalls and rodeo competition area restricted from the general public?		<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:			
Is rodeo held: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Is rodeo: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Describe all fencing and barriers used include construction type:					
Is there a contract with hold harmless in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is Insured named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DEMOLITION DERBY					
Demolition Derby Date:		Name of Derby Promoter:		Est. Attendance: #	
Are vehicles stored overnight at insured's facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe controls against fire, theft, etc.?			
Describe all fencing and barriers used include construction type:					
Is there a contract with hold harmless in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is Insured named as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Operations:					
Abuse & Molestation					
Do you have written procedures for hiring & screening employees/volunteers with background checks? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy of procedures.					
Does your organization have any of the following exposures for minors:					
<input type="checkbox"/> Overnight travel	<input type="checkbox"/> Overnight accommodations	<input type="checkbox"/> Campgrounds	<input type="checkbox"/> Daycare	<input type="checkbox"/> Personal care of minors i.e. bathing, changing clothes, toileting	<input type="checkbox"/> Other:
Do you have written policies and procedures for the prevention of abuse and handling of allegations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you require any contractors that have care or supervision over minors in your operation to carry abuse and molestation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the required limits:					



Property Exposures	
Please complete attached Property ACORD App	
Commercial Automobile Exposures	
Please attach a complete vehicle schedule including vehicle make, model, type, use, VIN#, weight, radius and age.	
Are all drivers screened for operation of vehicles with MVR's, appropriate driver's license, knowledge/training of handling vehicle type? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide copies of MVR's for all drivers.	
Are vehicles properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any personal use of vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any transportation of hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	

Required Information for a Quote	
Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. The Fairs and Fairgrounds Application & Supplemental Applications as required	
2. Property ACORD Application	
3. Event Schedule for upcoming year	
4. Copy of any lease agreements	
5. Copy of all subcontractor agreements including certificates of insurance naming the Fair as an additional insured (liquor, pyrotechnics, security, etc.)	
6. 5 Year Hard Copy Loss Runs – currently valued	

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name:

Title: _____ Date: _____

Producer Name: _____ License#: _____

FRAUD STATEMENTS

GENERAL 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 civil penalties. (Applicable in all states except those specifically identified below).

APPLICABLE IN ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND and WEST VIRGINIA

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to (civil)** fines and (criminal penalties)** confinement in prison. *Applies in MD only. ** Applies in NM only.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY, NEW YORK, AND PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties)* (not to exceed five thousand dollars and the stated value of the claim for each such violation)**.*Applies in NY and PA only. **Applies in NY Only.

NEW YORK – AUTO SPECIFIC

Auto: All applications for automobile insurance and all claim forms – “Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.”

PENNSYLVANIA – AUTO SPECIFIC

Auto: “Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.”

APPLICABLE IN MASSACHUSETTS and NEBRASKA

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, and WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. * Applies in ME Only.

TENNESSEE – WC ONLY

Workers Compensation: “It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.”

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN NEW JERSEY

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PUERTO RICO

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.