

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

Name of Insured (as will appear on policy): _____

dba: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than above): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ e-mail: _____

Name of General Manager/Executive Director: _____

Website: _____ Membership: IAFE IFEA Other

1. Applicant is: Fair Festival Other (explain): _____

2. Ownership is: For profit corp. Not for profit corp. Partnership Other (explain)_____

_____ FEIN# _____

3. Any subsidiaries or other legal entities (501(c)4, etc.) Yes No

If yes, please describe: _____

4. Years in operation: _____ Years under present management: _____

If present management is less than 3 years, please describe prior experience: _____

5. # Employees: F/T _____ P/T _____ Payroll: _____ # Active Volunteers: _____

6. Do you provide employee benefits (health, 401K, pension trust fund, etc.)? Yes No

Coverage Information

7. Please check the type of coverage desired:

Commercial General Liability Volunteer/Participant Accident Liquor Liability

Automobile Property Inland Marine

Robbery/Crime Directors & Officers Rain/Cancellation

User Liability Work Comp

Umbrella/Excess Liability (current limits) \$ _____

Other _____

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

Prior Insurance and Loss Experience (New Business Only)

Year	Insurance Company	Liability Limits	Premium

(Include a complete copy of your current commercial general liability policy.)

8. Has your insurance ever been: Cancelled Declined Non-renewed

If so, please explain (Not applicable in Missouri) _____

9. Loss experience: Minimum of three (3) years detailed loss history from prior carrier(s) must be attached to provide quotation.

10. Describe any loss over \$25,000: _____

Loss Control

11. Is there a daily check of premises for potential hazards? Yes No
12. Are traffic patterns in parking areas clearly marked? Yes No
13. Is traffic in pedestrian areas controlled? Yes No
14. Are restricted access areas clearly marked? Yes No
15. Is there an equipment maintenance program (if applicable)? Yes No

Any "No" response requires explanation:

16. Does your event/premises:

- a. Have a known pollution exposure? Yes No
- b. Have a current or prior asbestos exposure? Yes No
- c. Comply with local and national fire and life safety codes? Yes No

The attached supplemental application(s) must be completed.

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

Fair/Festival Supplement

Legal Name of Applicant: _____

dba (if applicable): _____

1. Description of theme/operations/events: _____

2. Fair/Festival dates: _____

Coverage term desired: _____ Effective date desired: _____

3. Location of event site: _____

a. Is the premises: Owned Long term lease* Short term lease*

***If leased, please include a copy of your lease agreement.**

b. Total acres: _____ or, approximate # of city blocks: _____

c. Is perimeter fenced or otherwise enclosed? Yes No

d. Hours of operation: Open: _____ Close: _____

e. Is there an admission charge? Yes No If yes, amount: _____

4. Anticipated total attendance: _____ Maximum daily attendance: _____

Last year's attendance: _____ Annual operating budget: _____

5. Total # of vendors/exhibitors: Food/Beverage: _____ Arts/Crafts: _____ Other: _____

(Include a copy of your standard agreement/application)

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

6. Who provides liquor at your event? Fair/Festival Contractor(s) No liquor exposure

- a. If sold or furnished by you, complete attached Liquor Liability Supplement.
- b. If sold or furnished by contractor(s), do you require a certificate of insurance with your organization named as additional insured? Yes No

7. Do you have athletic/sports activities or events: Yes No

If yes, please answer the following:

- a. Attach description of each event if not included in your program/schedule of events.
- b. Maximum number of participants in any one sports activity/event: _____
- c. Are waivers obtained or included in participant registration forms for all events requiring entry registration and fee? Yes No N/A

(We recommend you obtain waivers from all athletic participants.)

8. Do you have live music? Yes No If yes, please answer the following:

- a. Number of stages: _____ Total number of performers: _____
- b. Entertainment is: Locally known Regionally known Nationally known
- c. Do you anticipate any material change in the type(s) of music performed at your event this year?
Yes No If yes, please explain: _____

d. Is any one concert attended by more than 50% of your total attendance? Yes No

If yes, please explain: _____

9. Do you have a parade? Yes No If yes, please answer the following:

- a. If on street, are streets closed in both directions? Yes No
- b. Are souvenirs or others items allowed to be thrown into the crowd? Yes No
- c. Approximate length of parade in blocks or miles: _____
- d. Number of floats: _____ Number of bands _____ Number of equestrian units: _____
- e. Number of motorized units: _____ Number of other units: _____
- f. Time and duration of parade: Begins at: _____ Ends at: _____
- g. How many people attend the parade? _____

10. Describe any new events/activities planned this year: _____

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

11. Please indicate if you have events/activities involving:

- | | | |
|---|-----|----|
| a. Rodeos | Yes | No |
| b. Mechanical amusement rides owned or operated by you | Yes | No |
| c. Child care operations | Yes | No |
| d. Aircraft | Yes | No |
| e. Fireworks discharged by you | Yes | No |
| f. Motorized watercraft | Yes | No |
| g. Animals (other than pet contests or shows) | Yes | No |
| h. Skating at any permanent or temporary skating park or rink | Yes | No |
| i. Cattle drives or trail rides | Yes | No |
| j. Camping/lodging | Yes | No |
| k. Motor sports | Yes | No |
| l. Year round exposures not typical to a festival | Yes | No |

Any "Yes" responses to the questions above requires explanation: _____

12. Please indicate if certificates of insurance, naming your organization as additional insured, are secured from the following subcontractors:

- | | | | |
|----------------------------------|------------------------------|-----------------------------|--------------------------------------|
| a. Amusement ride operator | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| b. Pyrotechnician | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| c. Motor sports events | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |
| d. Trams, buses or people movers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Exposure |

Any "No" response to the questions above requires explanation: _____

We recommend you require current certificates of insurance, naming your organization as additional insured and providing liability limits at least equal to yours, from all subcontractors.

13. Who provides security for your fair/festival?

- City County State Employees/Volunteers Private Company

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

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

14. Medical emergency response and personnel:

- a. Do you have medical emergency procedures? Yes No
- b. Are employees/volunteers provided medical emergency response training? Yes No
- c. Are trained medical personnel on premises? Yes No
If no, is EMT/paramedic response time less than 7 minutes? Yes No
- d. Do you have an incident reporting procedure? Yes No

15. Emergency evacuation:

- a. Do you have a written emergency evacuation plan? Yes No
- b. Are employees/volunteers provided emergency evacuation training? Yes No

16. Does your organization:

- a. Hold any other events throughout the year? Yes No

If yes, please describe: _____

- b. Engage in other business operations? Yes No

If yes, please describe: _____

- c. Need annual premises liability for office or other owned, leased or furnished locations?

Yes No If yes, please explain: _____

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

Fairgrounds Facilities & Exposures

Please note your fairgrounds exposures:

Horse race track (if applicable): Thoroughbred Quarter horse Harness

a. Have you had a participant liability claim in the last 4 years: Yes No

Operated by you

Horse racing other than fair dates:

Opening date: _____ Closing date: _____ # of racing days

During fair only – # of racing days:

Do you secure a certificate of insurance naming your fair as additional insured from the track operator? Yes No

Auto race track (if applicable): Dirt Paved Length:

Operated by you

Racing other than fair dates

Describe: _____

During fair only

Describe: _____

Do you secure a certificate of insurance naming your fair as additional insured from the track operator? Yes No

Motocross, MBX or similar racing facilities?

Rodeo arena

Rodeos during fair only - total number of performances: _____

Off-season usage — describe: _____

Bleachers/grandstands

Capacity: _____ Construction: _____ Age: _____

How maintained (Include photos of all bleachers/grandstands): _____

Outdoor theaters, amphitheaters or similar facilities

Describe off-season usage: _____

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

- Stadium

Describe: _____

- Auditorium or indoor arena

Describe off-season usage: _____

- Swimming pool

- Operated by you**

Describe: _____

- Operated by others**

Do you secure a certificate of insurance naming your fair as additional insured from the swimming pool Operator? Yes No

- Roller or ice skating facilities or operations

- Operated by you**

Describe: _____

- Operated by others**

Do you secure a certificate of insurance naming your fair as additional insured from the facility? Yes No

- Lakes or ponds

Describe access and usage: _____

- Golf Course

- Off-season camping or lodging

RV hookups _____ # Campsites _____

- Horse boarding (if applicable) Thoroughbred Quarter horse Other

- Operated by you**

Off-season boarding

How many? _____ Stabling payroll: _____ Stabling receipts: _____

- Off-season storage for property of others

- a. Does your storage agreement hold you harmless? Yes No

Vehicles How many? _____ Approximate total value: _____

Other property (describe): _____

- Describe the type and frequency of off-season facility rental to others (attach separate list if necessary):

- a. Do you obtain certificates of insurance naming your organization as additional insured from facility users? Yes No

- b. Do you desire a Tenant/User insurance policy for tenants, concessionaires and exhibitors?

Yes No **(Some tenant/users may not be eligible.)**

Arceri & Associates

Providing Insurance since 1963

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

Signature/Notices

Legal Name of Applicant: _____

dba (if applicable): _____

I understand that Kaliff Insurance or the insuring company, shall be permitted, but not obligated to inspect a proposed insured or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that this information Form will be relied upon by the insurance company in determining whether to provide a quotation for insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on the information Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

I also understand that no insurance is or will be in effect unless and until the insurance company, or Kaliff Insurance as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or Kaliff Insurance as its agent, received written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

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.

Ohio

Any person who, with intent to defraud or knowing that he 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.

Print Name _____

Signature of Applicant _____

Did you remember to include:

- Minimum 5 years loss history
- Fireworks certificate of insurance
- Standard booth agreement
- Site diagram
- Premises/site lease agreement

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises or material omissions and communicates or caused a communication with another in furtherance of the scheme or artifice.

Oklahoma

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.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Title _____

Date _____

Signature of Agent _____

- Schedule of events/program/brochure
- Standard athletic participant waiver
- Carnival certificate of insurance
- List of Additional Insureds required and relationship
- Schedule of owned equipment
(if Inland Mar Marine coverage desired)
- Other contracts where you agree to indemnity of hold others harmless