**FAIRS & FAIRGROUNDS APPLICATION**

**BROKER INFORMATION**

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

**GENERAL APPLICANT INFORMATION**

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| Business Name: |  |
| Address: |  | City: | State: | Zip: |
| Contact Person: | Phone # | Fax # | E-Mail: | Website: |
|  |  |  |  |  |
| Is the proposed insured a subsidiary of another company? | ☐ Yes ☐ 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? | [ ] Yes [ ]  No  |

**POLICY INFORMATION**

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| Effective Date: | Expiration Date: | Quote Need By Date: |
| Previous Insurance Carrier:  | Have coverages ever been canceled or non-renewed during past 5 years [ ] Yes [ ]  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**

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| **FAIR INFORMATION:** |
| Dates of Fair: |  |
| How many years has this Fair been under the current management? | # |
| Is there a Fair Risk Manager? | [ ] Yes [ ]  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: |
| # Paramedics: | # EMT/EMS: | # Nurses: | # Other: Please describe: |
| Distance to nearest Medical Facility: | # of miles: | Will an Ambulance be on site? | [ ] Yes [ ]  No  |
| Is there a formal emergency evacuation plan? | [ ] Yes [ ]  No If Yes, provide a copy |
| Are there written emergency procedures that address: | [ ] Severe Weather [ ] Threats/bomb, etc. [ ] Major Accidents |
| Who is providing Fair Security? | [ ] County | [ ] City | [ ] State | [ ] Fair Employees | [ ] Private Agency |
| If a Private Agency, is there a certificate naming you as additional insured? | [ ] Yes [ ]  No If Yes, provide a copy |
| If Security is provided by Fair Employees, complete the Security supplemental application |

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| **Fair Activities** |
| **Description** | **Insured’s Control** | **Sub-contracted**  | **Certificate naming Insured as Additional Insured** | **Supplemental App Required** |
| Amusement rides |[ ] [ ] [ ]   |
| Campgrounds: # of spaces: |[ ] [ ] [ ] [x]
| Concerts – Music Type:Top Performers: 1. 2. 3. |[ ] [ ] [ ]   |
| Concessions: [ ] No Alcohol  [ ] Alcohol |[ ] [ ] [ ]  [x] Alcohol Only |
| Demolition Derby |[ ] [ ] [ ]  If Insured’s control refer to section on app |
| Fireworks/Pyrotechnics Displays |[ ] [ ] [ ] [x]
| Inflatables |[ ] [ ] [ ]   |
| Mechanical Devices |[ ] [ ] [ ]   |
| Motorsports |[ ] [ ] [ ] [x]
| Parade |[ ] [ ] [ ]  If Insured’s control refer to section on app |
| Petting Zoos or Animals |[ ] [ ] [ ]  If Insured’s control refer to section on app |
| Rodeos |[ ] [ ] [ ]  If Insured’s control refer to section on app |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |

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| **FAIRGROUND INFORMATION:** |
| How many Acres:# |  |
| Is there any boarding of animals?  | [ ] During Fair [ ]  Non Fair Boarding |
| Are there any Medical Facilities on the Fairground site: | [ ] Yes [ ]  No If Yes, who is responsible for operation? |
| # 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: |
| # Paramedics: | # EMT/EMS: | # Nurses: | # Other: Please describe: |
| Distance to nearest Medical Facility: | # of miles: | Will an Ambulance be on site? | [ ] Yes [ ]  No  |
| Is there a formal emergency evacuation plan? | [ ] Yes [ ]  No If Yes, provide a copy |
| Who is providing Fair Security? | [ ] County | [ ] City | [ ] State | [ ] Fair Employees | [ ] Private Agency |
| If a Private Agency, is there a certificate naming you as additional insured? | [ ] Yes [ ]  No If Yes, provide a copy |
| If Security is provided by Fair Employees, complete the Security supplemental application |
| 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?  |  [ ] Yes [ ]  No  |

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| **Grand Stands:** | [ ]  Yes [ ]  No  | Year Built: # | Height:  |
| Number of Seats: | Type of Seat: [ ]  Wood [ ]  Metal [ ]  Concrete |
| Construction Type: [ ]  Frame [ ]  Wood [ ]  Metal [ ]  Concrete |
| Describe the Footing Type: |
| Are there any Guardrails? | Sides: [ ]  Yes [ ]  No  | Back: [ ]  Yes [ ]  No  |
| How is the Grandstand Accessed? | [ ]  Frontload [ ]  Backload |
| Is there a documented inspection/maintenance program? | [ ]  Yes [ ]  No If Yes, date of last inspection? |

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| **Bleachers:** | [ ]  Yes [ ]  No  |  |
| # of Fixed bleachers: | Construction :  | [ ]  Wood  | [ ]  Metal  | [ ]  Concrete | Height: | Year Built: # |
| # of Portable bleachers: | Construction : | [ ]  Wood  | [ ]  Metal  | Height: | Age of oldest unit: |
| Is there a documented inspection/maintenance program? | [ ]  Yes [ ]  No If Yes, date of last inspection? |

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| **Parking Area:** [ ]  On Premises [ ]  Across Street [ ] Remote – Any Shuttle Service? [ ]  Yes [ ]  No  |
| Type of Parking Area | [ ]  Paved #Acres  | [ ]  Dirt # Acres  | [ ]  Grass #Acres |
| Elevation of Parking Area | [ ]  Level [ ]  Sloped  |
| Is Parking Area Security Patrolled: | [ ]  Yes [ ]  No  |
| Does Parking Area have sufficient lighting? [ ]  Yes [ ]  No  |
| If the answer is **No** to the above questions on security or lighting, please provide a detailed explanation: |

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| **SPECIAL EXPOSURES:** |
| **PETTING ZOO** |
| Are all animals properly vaccinated? | [ ] Yes [ ]  No  |
| Is there a hand-washing station at the exit of petting zoo? | [ ] Yes [ ]  No If Yes, Are signs posted to encourage hand-washing after contact with animals? [ ] Yes [ ]  No  |
| Who operates the petting zoo?  | [ ] Insured  | [ ]  Contractor, If Contractor: |
| Is there a contract with hold harmless in place? [ ] Yes [ ]  No  | Is Insured Named as Additional Insured? [ ] Yes [ ]  No  |
| **OFF SEASON LEASES** |
| Do you lease space for off season usage or storage of property of others? | [ ] Yes [ ]  No If Yes, please describe use or type of storage (RV’s, Boats, Etc.): |
| Do you have written agreements? | [ ] Yes [ ]  No If Yes, are you requiring certificates of insurance naming you as additional insured? |
| Do you have written storage guidelines? [ ] Yes [ ]  No If Yes, are lessees’ required to sign them? [ ] Yes [ ]  No  |
| **OTHER EVENTS** |
| Do you operate or promote other events? | [ ] Yes [ ]  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? | [ ] Yes [ ]  No  |

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| **SPECIAL EXPOSURES:** |
| **RODEO** |
| Rodeo Date(s): | Name of Rodeo Promoter: | Est. attendance: # |
| Is the stock boarded overnight? | [ ] Yes [ ]  No  |
| Are the transfer areas between the animal pens/stalls and rodeo competition area restricted from the general public?  | [ ] Yes [ ]  No Please provide details: |
| Is rodeo held: [ ] Indoors [ ] Outdoors | Is rodeo: [ ]  Permanent [ ]  Temporary |
| Describe all fencing and barriers used include construction type: |
| Is there a contract with hold harmless in place? [ ] Yes [ ]  No  | Is Insured named as Additional Insured? [ ] Yes [ ]  No  |
| **DEMOLITION DERBY** |
| Demolition Derby Date: | Name of Derby Promoter: | Est. Attendance: # |
| Are vehicles stored overnight at insured’s facility? | [ ] Yes [ ]  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? [ ] Yes [ ]  No  | Is Insured named as Additional Insured? [ ] Yes [ ]  No  |

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| **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
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| 1. Event Schedule for upcoming year
 | ☐ |
| 1. Copy of any lease agreements
 | ☐ |
| 1. Copy of all subcontractor agreements including certificates of insurance naming the Fair as an additional insured (liquor, pyrotechnics, security, etc.)
 | ☐ |
| 1. Copy of written emergency evacuation procedures
 |[ ]
| 1. Copy of written emergency procedures for injured spectators
 |[ ]
| 1. 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 Everest.  I 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.

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Signature of Owner, Partner, Member, Principal, or Officer Applicant’s Printed Name:

Authorized to Sign as Applicant

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Producer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_