**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: |  |  |  |  |
| Concerts –  Music Type:  Top Performers:  1.  2.  3. |  |  |  |  |
| Concessions: No Alcohol  Alcohol |  |  |  | Alcohol Only |
| Demolition Derby |  |  |  | If Insured’s control refer to section on app |
| Fireworks/Pyrotechnics Displays |  |  |  |  |
| Inflatables |  |  |  |  |
| Mechanical Devices |  |  |  |  |
| Motorsports |  |  |  |  |
| 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 | ☐ |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Authorized to Sign as Applicant

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

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