

Fairground Liability Application

Section 1: Broker Details

1.1 Please complete the following information pertaining to your brokerage:

Brokerage Name: _____	
Address: _____ _____	
City: _____	Postal Code: _____
Telephone: _____	Website: _____
General email: _____	Contact E-mail: _____
Contact Name: _____	

Section 2: Risk Details

2.1 Effective Dates

Policy period required from _____	to	_____
(effective date)		(expiry date)
Main Fair Dates: _____		To _____

2.2 Mailing information

Name of Insured as it is to appear on policy: _____
Name of Organization (if different): _____
Mailing Address: _____ _____ _____

2.3 What is the insured?

Corporation
 Society
 Other (specify) _____

2.4 Physical Address of Organization (if different than mailing):

Address: _____

2.5 Webpage: _____

2.6 Additional Insureds (As they are to appear on the policy)*

Name	Relationship	Address

*Subject to approval by K&K Insurance Canada

2.7 Please provide revenue figures:

	Gross Receipts		Attendance	
	Last Year	Expected	Last Year	Expected
Main Fair:	\$	\$		
Exhibitions / Conventions:	\$	\$		
Sporting / Entertainment Events:	\$	\$		
Rental or Building / Properties:	\$	\$		
Food / Beverage (non-alcohol):	\$	\$		
Liquor:	\$	\$		
Other (please specify):	\$	\$		

2.8 Description of Operations / Events:

2.9 Description of Operations / Events taking place off-premises:

2.10

Does your organization engage in any other operations not already described previously?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
<hr/>				
<hr/>				

2.11 Buildings, Equipment or Facilities Available On-Site (include Perm & Temp Installations):

Check all appropriate boxes:

Auditorium	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ice Arena	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Barns	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Outdoor Ice Rink	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bingo Hall	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Amusement Rides	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Building Rental	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Playground Equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Campground	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Racetrack / Grandstand Building	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Casino/Slots Building	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Skatepark	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Curling Arena	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sports Complex	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Exhibition Building / Hall	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Sports Fields / Baseball Diamonds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Horse Arena / Coral	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Storage Facilities (for third parties)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other (please describe)									

2.12

Does the property have and use grandstands or bleachers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, are they:	Permanent	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Approximate age:	<hr/>			
Approximate Seating Capacity:	<hr/>			
How often are the grandstands inspected for slip/trip/fall and collapse exposures?	<hr/>			
Does the property have and use grandstands or bleachers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you allow third parties to rent, lease or borrow any of these?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the grandstands inspected by a third party?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2.13 Please indicate Events or Activities taking place on-site:

Event / Activity	Responsibility							
Fairs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Agricultural Exhibitions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Athletic/Sporting Event	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Auto Racing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Equipment Rental	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Fireworks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Harness Racing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Livestock/Horse Sales	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Meetings & Conventions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Parades	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Recreational Events	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Horse Pulls	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Tractor Pull	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Trade/Consumer Shows	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
Concert/Entertainment*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
*If yes, please indicate the type of concert:								
Hard Rock	<input type="checkbox"/>	Pop Rock	<input type="checkbox"/>	Jazz / Blues	<input type="checkbox"/>	Country & Western	<input type="checkbox"/>	
Classical	<input type="checkbox"/>	Other	<input type="checkbox"/>	(please describe)				
Demo Derbies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
If yes, please indicate how many:								
Equestrian/Horse Show	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
If yes, please indicate how many:								
Horse Racing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
If yes, please indicate how many:								
Rodeo	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Insured	<input type="checkbox"/>	Other	<input type="checkbox"/>
If yes, please indicate how many:								
Other Activities / Events (please describe): _____								
For all activities or events where you have indicated "OTHERS" are responsible, do you secure Certificate of Insurance denoting the organization as an Additional Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>								

2.14

Does your operation include boarding of animals other than during fair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many stalls?				
Please include numbers of stalls and a copy of agreement.				

2.15

Is an overnight public campground allowed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many spaces?				
Is 24 hour security maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please submit a copy of rules and regulations regarding camping conduct.				

2.16 List all Rented or Leased locations:

Address	Occupied As / Usage	Square Footage

Section 3: Security / Emergency Response

3.1

Do you have a formal Security Plan or Procedures in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Security is provided by: _____								
Employees	<input type="checkbox"/>	Police	<input type="checkbox"/>	Contracted	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____
Minimum number of security personnel on site during Fair _____								
Please comment on any special security provisions for special events: _____								

3.2

Do you have a formal Emergency Response Plan in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you maintain staffed ambulance on site for Fair and special events?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you maintain first aid / medical facilities on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please describe: _____				

Section 4: Carnival / Fireworks / Liquor Exposure

4.1

Do you contract with a carnival for amusement rides?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide:				
Name of Carnival Operator:	_____			
Operator's Insurance Company:	_____			
Limit of Liability Provided by this Policy:	_____			
Do you secure Certificate of Insurance showing the organization as an Additional Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.2

Do you contract with a Pyrotechnician for Firework Displays?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide:				
Name of Company:	_____			
Operator's Insurance Company:	_____			
Limit of Liability Provided by this Policy:	_____			
Do you secure Certificate of Insurance showing the organization as an Additional Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4.3

Are alcoholic beverages sold or served on the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) By your organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, is liquor server awareness training required for all servers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) By concessionaire or sub-contractor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Do you collect a certificate of Insurance denoting your organization as an Additional Insured on such Concessionaire or sub-contractor's policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d) Does your organization sell or serve alcoholic beverages off-premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e) Has your organizations ever had its liquor licence refused, revoked or suspended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 5: Liability

5.1 Contractual Liability

<p>a) Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>If yes, please provide details:</p>				
<hr/> <hr/>				
<p>b) If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>If no, please advise procedures followed and details of contracts used:</p>				
<hr/>				
<p>c) If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>d) If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?</p>	<p>Yes</p>	<input type="checkbox"/>	<p>No</p>	<input type="checkbox"/>
<p>If no, in whole or part, please explain:</p>				
<hr/>				
<p>If yes, in whole or part, please attach a copy of the waiver.</p>				

5.2 Protective Liability

a) Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is the annual cost of work?				
Let	\$			
Sublet	\$			
If yes, please give details of the sublet:				

b) Does the Insured contract services from others for the purpose of operating vehicles to perform maintenance, service, haulage or snow removal operations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

5.3 Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please provide explanation.				

5.4 Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				

5.5 Non-Owned Automobile

a) Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				
<hr/>				
<hr/>				
b) Does the Insured rent or lease vehicles from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, (i) How often per year? :				
<hr/>				
(ii) Are any of these vehicles driven in the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<hr/>				
<hr/>				
c) Does the Insured contract services from others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please describe:				
<hr/>				
<hr/>				
d) Are vehicles used to transport anyone?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how often and for what purpose?				
<hr/>				
<hr/>				

Section 6: Claims Information

6.1

Does the Insured have a formal loss-control program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				
<hr/>				

6.2

Does the Insured have a formal employee safety-training program?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please provide details:				
<hr/>				

6.3

Does the Insured have a formal premises snow/ice clearance procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:		

6.4 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

Section 7: Limits of Liability Required

7.1 Commercial General Liability

Each Occurrence Limit		\$
Products - Completed Operations Aggregate Limit		\$
Personal Injury Limit		\$
Tenants Legal Liability Limit		\$
Medical Expense Limit - Per Occurrence/Per Person		\$
Non-Owned Automobile Limit:		
- Liability		\$
- Physical Damage		\$
Employee Benefits Limit		\$
Employers Liability Limit		\$
Advertising Injury Limit		\$
Other:		\$

Section 8: Declarations

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I Authorize You To Collect, Use And Disclose Personal Information As Permitted By Law, In Connection With Your Commercial Insurance Policy Or A Renewal, Extension Or Variation Thereof, For The Purposes Necessary To Assess The Risk, Investigate And Settle Claims, And Detect And Prevent Fraud, Such As Credit Information, And Claims History

I understand that this Application 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 Application Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

Signed: _____	Full Name: _____
Position Held: _____	Date: _____

Section 9: Additional Information

Additional Information: