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 www.kandkinsurance.com  
 CA# 0334819

# FAIRGROUND LIABILITY APPLICATION

## IMPORTANT

**THIS IS NOT A BINDER. INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED FOR COMPLETION.**

### APPLICANT INFORMATION

Named Insured as it is to appear on policy: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Insured is:  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

### AGENT / BROKER INFORMATION

Name of Agent/Brokerage: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_
2. Address of fair site: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Is the premises owned by the Named Insured?  Yes  No      B. Total acreage: \_\_\_\_\_
3. Fair Dates: \_\_\_\_\_
4. How many years has this fair been under the present management? \_\_\_\_\_
5. Gross receipts from fair week: \$ \_\_\_\_\_
6. Estimated total attendance this year: \_\_\_\_\_ Estimated daily attendance: \_\_\_\_\_  
 Total attendance last year: \_\_\_\_\_
7. Does your operation include boarding of animals other than during the fair?  Yes  No
8. Do you operate a campground for the general public?  Yes  No      If yes, how many spaces? \_\_\_\_\_  
 Is 24-hour security maintained?  Yes  No      Annual gross receipts: \$ \_\_\_\_\_
9. Who provides security for fair?  County  City  State  Fair Employees  Private Agency
  - a. Does the private agency provide a Certificate of Insurance naming you as an additional insured?  Yes  No  N/A
  - b. If security personnel are fair employees, are they armed?  Yes  No  N/A  
 If yes, please attach training procedures to this application.
  - c. Average number of security officers per fair day: \_\_\_\_\_
  - d. Non-fair day security measures: \_\_\_\_\_

10. Minimum number and type of medical personnel:

Paramedic \_\_\_\_\_ EMT/EMS \_\_\_\_\_ Nurse \_\_\_\_\_ Other \_\_\_\_\_

a. Distance to nearest hospital: \_\_\_\_\_

b. Is there an ambulance on site?  Yes  No

c. Describe any other medical facilities on site: \_\_\_\_\_

11. Do you have written emergency procedures addressing the following:

Severe weather  Bomb threat  Catastrophic occurrences (e.g. ride accident, bleacher collapse, motorsports accident)

12. Type of musical entertainment provided:  Hard Rock  Pop Rock

Jazz  C&W  Bluegrass  Other: \_\_\_\_\_

13. Grandstands: \_\_\_\_\_  Yes  No Year Built: \_\_\_\_\_

Construction:  Wood  Concrete  Metal Grandstand Height: \_\_\_\_\_ (ft)

Guardrails:  Sides  Back Kick boards in place?  Yes  No

14. Number of Fixed Bleachers: \_\_\_\_\_ Construction:  Wood  Concrete  Metal Bleacher Height: \_\_\_\_\_ (ft)

Number of Portable Bleachers: \_\_\_\_\_ Construction:  Wood  Metal Bleacher Height: \_\_\_\_\_ (ft)

Guardrails:  Sides  Back Kick boards in place?  Yes  No

Age of oldest bleacher unit: \_\_\_\_\_

15. Do you have a documented inspection/maintenance program for grandstands and/or bleachers?  Yes  No

If yes, date of last inspection: \_\_\_\_\_

16. Which carnival company do you contract with for amusement rides? \_\_\_\_\_

Do you receive a certificate of insurance naming you as additional insured?  Yes  No

Are you held harmless and indemnified by contract?  Yes  No

17. Do you have a petting zoo?  Yes  No

If Yes, is it operated by an independent contractor?  Yes  No

If Yes, do you receive a certificate of insurance naming you as an additional insured?  Yes  No

Do you have a contract with a hold harmless and indemnification agreement?  Yes  No

Are all animals properly vaccinated?  Yes  No

Is there a hand washing at the exit of the petting zoo?  Yes  No

Is there signage posted with regard to the importance of hand washing after animal contact?  Yes  No

18. Do you lease space for off season storage of property of others (e.g. Rv's or boats)?  Yes  No

Do you have a written use agreement?  Yes  No

**We encourage the agreement to include hold harmless, indemnification, and waiver of subrogation clauses.**

Do you have a written storage guidelines?  Yes  No

If Yes, are these signed by the user?  Yes  No

19. Are the fairgrounds and/or your buildings leased to outside entities?  Yes  No

If Yes, are certificates of insurance naming you as additional insured obtained?  Yes  No

Are limits of \$1,000,000 required?  Yes  No

Are you held harmless and indemnified by contract?  Yes  No

20. Do you operate or promote other events throughout the year?  Yes  No

If Yes, please describe and/or attach a list: \_\_\_\_\_

21. Do you obtain certificates of insurance from product and/or service providers naming you as an additional insured?  Yes  No

**PARADE SECTION** (IF APPLICABLE)

- 22. Date(s) of Parade: \_\_\_\_\_
- 23. Number of Floats: \_\_\_\_\_
- 24. Estimated spectator attendance: \_\_\_\_\_
- 25. Are souvenirs or other items allowed to be thrown into the crowd?  Yes  No

26. Check if any of the following additional coverages are needed through K&K Insurance Group, Inc.:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> A.* Motorsports Liability (tractor pull, demo derby, auto racing)</li> <li><input type="checkbox"/> B.* Liquor Liability</li> <li><input type="checkbox"/> C.* Fireworks Liability</li> <li><input type="checkbox"/> D.** Excess Fireworks Liability</li> <li><input type="checkbox"/> E.** Contingent Ride Liability</li> <li><input type="checkbox"/> F.* Rodeo Spectator Liability</li> <li><input type="checkbox"/> G. Volunteer Workers Medical<br/>Number of volunteers: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> H.* Property; Auto Liability (including Nonowned/Hired); Inland Marine; Crime; Excess; Worker's Compensation</li> <li><input type="checkbox"/> I.* Directors and Officers Liability<br/><input type="checkbox"/> For profit    <input type="checkbox"/> Non-profit</li> <li><input type="checkbox"/> J. Directors and Officers Medical<br/>Number of Directors and Officers: _____</li> </ul> |
|---|---|

**\*Requires separate application and /or \*\* requires a Certificate of Insurance evidencing underlying coverage.**

27. Additional Insureds	Business Relationship	Certificate Required
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

**SUMMARY OF REQUESTED ITEMS**

28. Please enclose the following items along with the completed application and forward to K&K Insurance Group, Inc.:

- Current schedule of fair events, if not on your website.
- Four (4) year detailed loss history listings from previous carrier.
- Please submit a copy of rules and regulations regarding camping conduct (if applicable).
- Please submit a diagram of the parade route from beginning to end (if applicable).
- Copy of use agreement and storage guidelines for offseason storage operation.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date