



KALIFF INSURANCE
ESTABLISHED 1917

CARNIVAL/TRAVELING & CONCESSIONAIRE — APPLICATION

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

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Contact Person: _____

States Traveled: _____

Approximate Operating Season: _____

Approximate Number of Engagements: _____

Type of Events Played: _____

Do you have a working safety maintenance program in effect? Please explain or attach this information:

Years in Business: _____ Present Carrier: _____

Expiring premium: _____

Effective Dates Requested: _____

Limit of Liability: _____

Deductible: _____

Rides _____

Food Concessions _____

Game Concessions _____

REMARKS:

I attest that the information provided above is true and correct.

Signature Title Date