



KALIFF INSURANCE  
ESTABLISHED 1917

**GENERAL LIABILITY CIRCUS — APPLICATION**

Name of Insured (as will appear on policy): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Circus: \_\_\_\_\_ Name of Owner: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Limits required: \_\_\_\_\_ Name of present carrier: \_\_\_\_\_

Expiring premium: \_\_\_\_\_ SIR/Deductible: \$ \_\_\_\_\_

Number of Units: \_\_\_\_\_

Seating capacity per performance: \_\_\_\_\_

Food and novelties sold?  Yes  No

Do you use your own bleachers?  Yes  No If so, describe: \_\_\_\_\_

Sponsor animal rides?  Yes  No

Types of animals: \_\_\_\_\_

Does public ever have access to animals?  Yes  No If so, describe: \_\_\_\_\_

Describe barriers that keep public away from animals: \_\_\_\_\_

Types of events played: \_\_\_\_\_

Total number of show days in season: \_\_\_\_\_

Do you own or utilize any tents?  Yes  No If so, how often? \_\_\_\_\_

List of acts: \_\_\_\_\_

**REMARKS:**

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

\_\_\_\_\_  
Signature Title Date