



KALIFF INSURANCE
ESTABLISHED 1917

GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

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

dba: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different than above): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ e-mail: _____

Name of General Manager/Executive Director: _____

Website: _____ Membership: IAFE IFEA Other

1. Applicant is: Fair Festival Other (explain): _____

2. Ownership is: For profit corp. Not for profit corp. Partnership Other (explain)____
FEIN# _____

3. Any subsidiaries or other legal entities (501(c)4, etc.) Yes No
If yes, please describe: _____

4. Years in operation: _____ Years under present management: _____
If present management is less than 3 years, please describe prior experience: _____

5. # Employees: F/T _____ P/T _____ Payroll: _____ # Active Volunteers: _____

6. Do you provide employee benefits (health, 401K, pension trust fund, etc.)? Yes No

Coverage Information

7. Please check the type of coverage desired:

- Commercial General Liability
- Volunteer/Participant Accident
- Liquor Liability
- Automobile
- Property
- Inland Marine
- Robbery/Crime
- Directors & Officers
- Rain/Cancellation
- User Liability
- Work Comp
- Umbrella/Excess Liability (current limits) \$ _____
- Other _____



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Fair/Festival Supplement

Legal Name of Applicant: _____

dba (if applicable): _____

1. Description of theme/operations/events: _____

2. Fair/Festival dates: _____

Coverage term desired: _____ Effective date desired: _____

3. Location of event site: _____

a. Is the premises: Owned Long term lease* Short term lease*

***If leased, please include a copy of your lease agreement.**

b. Total acres: _____ or, approximate # of city blocks: _____

c. Is perimeter fenced or otherwise enclosed? Yes No

d. Hours of operation: Open: _____ Close: _____

e. Is there an admission charge? Yes No If yes, amount: _____

4. Anticipated total attendance: _____ Maximum daily attendance: _____

Last year's attendance: _____ Annual operating budget: _____

5. Total # of vendors/exhibitors: Food/Beverage: _____ Arts/Crafts: _____ Other: _____

(Include a copy of your standard agreement/application)



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- 6. Who provides liquor at your event? Fair/Festival Contractor(s) No liquor exposure
 - a. If sold or furnished by you, complete attached Liquor Liability Supplement.
 - b. If sold or furnished by contractor(s), do you require a certificate of insurance with your organization named as additional insured? Yes No

- 7. Do you have athletic/sports activities or events: Yes No

If yes, please answer the following:

- a. Attach description of each event if not included in your program/schedule of events.
- b. Maximum number of participants in any one sports activity/event: _____
- c. Are waivers obtained or included in participant registration forms for all events requiring entry registration and fee? Yes No N/A

(We recommend you obtain waivers from all athletic participants.)

- 8. Do you have live music? Yes No If yes, please answer the following:

- a. Number of stages: _____ Total number of performers: _____
- b. Entertainment is: Locally known Regionally known Nationally known
- c. Do you anticipate any material change in the type(s) of music performed at your event this year?
 Yes No If yes, please explain: _____

- d. Is any one concert attended by more than 50% of your total attendance? Yes No

If yes, please explain: _____

- 9. Do you have a parade? Yes No If yes, please answer the following:

- a. If on street, are streets closed in both directions? Yes No
- b. Are souvenirs or others items allowed to be thrown into the crowd? Yes No
- c. Approximate length of parade in blocks or miles: _____
- d. Number of floats: _____ Number of bands _____ Number of equestrian units: _____
- e. Number of motorized units: _____ Number of other units: _____
- f. Time and duration of parade: Begins at: _____ Ends at: _____
- g. How many people attend the parade? _____

- 10. Describe any new events/activities planned this year: _____



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GENERAL LIABILITY FAIR/FESTIVAL APPLICATION

11. Please indicate if you have events/activities involving:

- a. Rodeos Yes No
- b. Mechanical amusement rides owned or operated by you Yes No
- c. Child care operations Yes No
- d. Aircraft Yes No
- e. Fireworks discharged by you Yes No
- f. Motorized watercraft Yes No
- g. Animals (other than pet contests or shows) Yes No
- h. Skating at any permanent or temporary skating park or rink Yes No
- i. Cattle drives or trail rides Yes No
- j. Camping/lodging Yes No
- k. Motor sports Yes No
- l. Year round exposures not typical to a festival Yes No

Any "Yes" responses to the questions above requires explanation: _____

12. Please indicate if certificates of insurance, naming your organization as additional insured, are secured from the following subcontractors:

- a. Amusement ride operator Yes No No Exposure
- b. Pyrotechnician Yes No No Exposure
- c. Motor sports events Yes No No Exposure
- d. Trams, buses or people movers Yes No No Exposure

Any "No" response to the questions above requires explanation: _____

We recommend you require current certificates of insurance, naming your organization as additional insured and providing liability limits at least equal to yours, from all subcontractors.

13. Who provides security for your fair/festival?

- City County State Employees/Volunteers Private Company
- a. If private security is utilized, do you obtain a certificate of insurance naming your organization as additional insured? Yes No N/A



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14. Medical emergency response and personnel:

- a. Do you have medical emergency procedures? Yes No
- b. Are employees/volunteers provided medical emergency response training? Yes No
- c. Are trained medical personnel on premises? Yes No
If no, is EMT/paramedic response time less than 7 minutes? Yes No
- d. Do you have an incident reporting procedure? Yes No

15. Emergency evacuation:

- a. Do you have a written emergency evacuation plan? Yes No
- b. Are employees/volunteers provided emergency evacuation training? Yes No

16. Does your organization:

- a. Hold any other events throughout the year? Yes No

If yes, please describe: _____

- b. Engage in other business operations? Yes No

If yes, please describe: _____

- c. Need annual premises liability for office or other owned, leased or furnished locations?

Yes No If yes, please explain: _____



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Fairgrounds Facilities & Exposures

Please note your fairgrounds exposures:

Horse race track (if applicable): Thoroughbred Quarter horse Harness

a. Have you had a participant liability claim in the last 4 years: Yes No

Operated by you

Horse racing other than fair dates:

Opening date: _____ Closing date: _____ # of racing days

During fair only – # of racing days:

Operated by others

Do you secure a certificate of insurance naming your fair as additional insured from the track operator? Yes No

Auto race track (if applicable): Dirt Paved Length:

Operated by you

Racing other than fair dates

Describe: _____

During fair only

Describe: _____

Operated by others

Do you secure a certificate of insurance naming your fair as additional insured from the track operator? Yes No

Motocross, MBX or similar racing facilities?

Rodeo arena

Rodeos during fair only - total number of performances: _____

Off-season usage — describe: _____

Bleachers/grandstands

Capacity: _____ Construction: _____ Age: _____

How maintained (Include photos of all bleachers/grandstands): _____

Outdoor theaters, amphitheaters or similar facilities

Describe off-season usage: _____



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- Stadium

Describe: _____

- Auditorium or indoor arena

Describe off-season usage: _____

- Swimming pool

- Operated by you**

Describe: _____

- Operated by others**

Do you secure a certificate of insurance naming your fair as additional insured from the swimming pool Operator? Yes No

- Roller or ice skating facilities or operations

- Operated by you**

Describe: _____

- Operated by others**

Do you secure a certificate of insurance naming your fair as additional insured from the facility? Yes No

- Lakes or ponds

Describe access and usage: _____

- Golf Course

- Off-season camping or lodging

RV hookups _____ # Campsites _____

- Horse boarding (if applicable) Thoroughbred Quarter horse Other

- Operated by you**

Off-season boarding

How many? _____ Stabling payroll: _____ Stabling receipts: _____

- Off-season storage for property of others

- a. Does your storage agreement hold you harmless? Yes No

Vehicles How many? _____ Approximate total value: _____

Other property (describe): _____

- Describe the type and frequency of off-season facility rental to others (attach separate list if necessary):

- a. Do you obtain certificates of insurance naming your organization as additional insured from facility users? Yes No

- b. Do you desire a Tenant/User insurance policy for tenants, concessionaires and exhibitors?

Yes No (Some tenant/users may not be eligible.)



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Signature/Notices

Legal Name of Applicant: _____

dba (if applicable): _____

I understand that Kaliff Insurance or the insuring company, shall be permitted, but not obligated to inspect a proposed insured or an insured's property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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

I also understand that no insurance is or will be in effect unless and until the insurance company, or Kaliff Insurance as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or Kaliff Insurance as its agent, received written notice that the terms and conditions contained in the insurance quotation provided are accepted.

Arkansas, Florida, Kentucky, New Jersey, New York and Pennsylvania

Any person who knowingly provides false information in an application for insurance with the intent to defraud an insurance company or another person, or who conceals any information concerning a material fact for the purpose of misleading, commits a fraudulent act, which is a crime.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Utah

Any person is guilty of workers' compensation insurance fraud if that person intentionally, knowingly, or recklessly devises any scheme or artifice to obtain workers' compensation insurance coverage, disability compensation, medical benefits, goods, professional services, fees for professional services, or anything of value under this chapter or Chapter 3, Utah Occupational Disease Act, by means of false or fraudulent pretenses, representations, promises or material omissions and communicates or caused a communication with another in furtherance of the scheme or artifice.

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

California

Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Print Name

Signature of Applicant

Did you remember to include:

- Minimum 3 years loss history
- Current financial statement
- Standard booth agreement
- Site diagram
- Fireworks certificate of insurance
- Office lease agreement

Title

Date

Signature of Agent

- Premises/site lease agreement
- Copy of current general liability policy
- Schedule of events/program/brochure
- Standard athletic participant waiver
- Carnival certificate of insurance
- List of Additional Insureds required and relationship
- Schedule of owned equipment
(if Inland Marine coverage desired)
- Other contracts where you agree to indemnify or hold others harmless