



FAIRGROUND LIABILITY APPLICATION

GENERAL INFORMATION:

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

Mailing Address: _____

City

Province

Postal Code

Contact Person:

Position:

Phone: (____) _____

Fax: (____) _____

Website Address: _____

E-mail Address: _____

1. Nature of operations/description of event: _____

2. Insured is: Corporation Partnership Non-Profit Association

3. Policy Period Requested: From: _____ To: _____

4. List of all activities expected to be held by or endorsed by the Society (**outside of fair dates**) for the year.
(Please attach separate list if needed).

5. Does your event(s) have alcohol sales? YES NO
(If no, skip to Question 6)

If yes, are the license and/or sales controlled by you? YES NO
(If yes, please complete and return the completed and signed Liquor Liability Application)

If not licensed and controlled by you, provide a certificate of insurance from the license holder showing your Organization as an additional insured.

6. What limit of liability do you require: \$1,000,000 \$2,000,000 \$5,000,000

7. Does this organization engage in any other business operations under the name of the insured as it will appear on the policy? _____

8. Location of Fair Site: _____
(Street) (City) (Province) (Postal Code)

a. Do you rent or own your premises? Rent Own Total Acreage: _____

b. Do you rent or own your buildings? Rent Own
(If rented, please attach copy of Lease)

9. Fair Dates: _____

10. Please provide estimated attendance for each category:

Exhibitions/Fairs _____ Total attendance Last Year _____
Sports/Entertainment Events _____
Rental of Building Properties _____

UNDERWRITING INFORMATION:

1. Who provides security for fair? Police Fair Employees Private Agency

a. Does the private agency provide a Certificate of Insurance Naming your organization as Additional Insured?

YES NO N/A

2. Who provides medical services?

Fair _____ Sub-contractor _____ Cert provided? Yes No

Is there an ambulance on site during the events? Yes No

3. **Fire Department:**

Town Fire Hydrant Distance Hydrant Protected _____ Distance _____

4. Please indicate Fair Events/Activities:

To Be Covered

**Covered Elsewhere
(certificate provided)**

	No. of Days	To Be Covered	Covered Elsewhere (certificate provided)
Horse Show	_____	_____	_____
Horse Racing	_____	_____	_____
Fireworks	_____	_____	_____
Concerts	_____	_____	_____
Tractor Pull	_____	_____	_____
Demo Derby	_____	_____	_____
Mud Bogs	_____	_____	_____
Rodeo	_____	_____	_____
Chuck Wagon Racing	_____	_____	_____
Petting Zoo	_____	_____	_____
Pony Rides	No. of Ponies: _____	_____	_____

5. Do you secure Proof of Insurance from Concessionaires, Vendors, Exhibitors, Independent Contractors and Performers?

Yes No

6. Are any of the following on location of risk:

	YES	NO	Specify
Draft or Saddle Animals owned by or used by Society	<input type="checkbox"/>	<input type="checkbox"/>	_____
Equipment owned by Society used or rented by others?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Playground equipment on fairgrounds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Baseball Diamonds, Soccer/Football Fields on Fairgrounds	<input type="checkbox"/>	<input type="checkbox"/>	_____
Athletic events that are the Society's responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other sports facilities owned or operated by Society? (Additional application may be necessary)	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Is an overnight public campground provided? YES NO If yes, how many spaces? _____
a. Is 24-hour security maintained? YES NO
Please submit a copy of rules and regulations regarding camping conduct.

8. Does your operation include boarding of animals other than during the fair? YES NO
If yes, please describe – include number of stalls and copy of contract. _____

9. Do you own any rides? YES NO
If yes, name and describe each. _____

10. Do you operate any rides not owned by Society? YES NO
If yes, please explain – including number of rides. _____

11. Do you contract with a Carnival for Amusement Rides? YES NO
Name of Carnival: _____
Carnival's Insurance Company: _____
Carnival's Insurance Limit: _____

12. Does the fair assume liability of others by contract: YES NO If "Yes", please attach explanation and copy of contract. _____

13. Do you operate an outdoor rink? YES NO
If "Yes", please attach explanation, including rules, hours of use, proper signage.

14. Do you store property of others in or on your property during the year? YES NO
If yes, for what purpose? _____
Please provide copy of storage agreement

15. Does the property have and use grandstands: YES NO
- If yes, Permanent? _____ Age? _____ Temporary? _____ Age? _____ Seating Capacity _____
- How often are the grandstands inspected for slip/trip/fall and collapse exposures? _____
- Are the grandstands inspected by a third party? (forward copy of latest inspection report/certificate. YES NO

PRIOR INSURANCE INFORMATION

1. Provide details of your present/expiring insurance:
 Name of insurance company: _____
 Policy Expiry Date: _____
 Policy Limits: _____
 Policy Premium: _____
2. Has this type of insurance ever been: Canceled Declined Non-Renewed
3. List all losses/claims in the last 5 years providing type of loss, date of loss, dollar amount of loss (provide hard Loss run from the present/prior insurers): _____

Please enclose the following items along with application and forward it to Simmlands Insurance Brokers Ltd.:

- ❖ A current schedule of events.
- ❖ Diagram/Photograph of fairgrounds layout and buildings, if available.
- ❖ A copy of your latest published Financial Statements.
- ❖ A copy of all contracts.

I understand that Simmlands Insurance Brokers Ltd. for the insuring company is permitted but not obligated to survey your property and operations for underwriting and/or loss control purposes at any time. I also understand that, by making an underwriting and/or loss control survey or providing any report of recommendations, Simmlands Inc is not undertaking, on behalf of, or for your benefit (or others), to determine whether your property or operations are safe, or in compliance with any standards, rules or regulations. Underwriting and/or loss control surveys are for the sole purpose of determining the insurability of certain property and operations and are not for the benefit of any insured or third party. I understand and shall not rely upon underwriting and/or loss control surveys or activities to determine the safety of our property or operations and we shall not diminish or forego our own safety practices and procedures in reliance upon any Simmlands Inc survey.

I understand that this application and all information supplied is part of the application process and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested. Any material misrepresentation or false statement may entitle the insurance company to rescind the policy, voiding all insurance coverage. I hereby warrant, represent and confirm that I have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct.

It is understood and agreed that no insurance is in effect until the company or companies in writing accept this application.

It is understood and agreed that this application shall be attached to and become part of any policy, should a policy be issued as a result of this application. The application shall be deemed a schedule to such policy, but signing of this application does not bind the applicant or the insurer unless and until a policy of insurance is issued in response to this application.

Signature

Date

By signing above, I authorize Simmlands Insurance Brokers Ltd. in accordance to provincial regulations, to obtain on my behalf, detailed five year loss runs from any and all companies from which I have obtained insurance.

Signature

Date