



5800 Explorer Drive, Suite101
 Mississauga, ON L4W 5K9
 905-602-9339 or 800-753-2632
 Fax: 905-602-9141
 www.kandkcanada.com
 K&K Insurance Brokers, Inc. Canada

FAIRGROUND LIABILITY APPLICATION

GENERAL INFORMATION

1. Name of Insured (as it is to appear on policy): _____

2. Mailing Address: **Street:** _____ **City:** _____
Province: _____ **Postal Code:** _____

3. Location Address: **Street:** _____ **City:** _____
Province: _____ **Postal Code:** _____

4. Insured is: Corporation Society Other: _____

5.	<u>Additional Insureds</u>	<u>Business Relationship</u>	<u>Certificate Required</u>	
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Limits of Liability Requested:

Each Occurrence _____	Employee Benefits _____
Personal Injury _____	Advertising Liability _____
Medical Payments _____	Non-Owned Auto (SEF #6) _____
Tenants Legal Liability _____	Non-Owned Auto (SEF #94) _____
Employers Liability _____	Other (please describe) _____

UNDERWRITING INFORMATION

7. Please provide revenue figures:

	Gross Receipts		Attendance	
	Last Year	Expected	Last Year	Expected
Main Fair:	_____	_____	_____	_____
Exhibitions/Conventions:	_____	_____	_____	_____
Sporting/Entertainment Events:	_____	_____	_____	_____
Rental of Building/Properties:	_____	_____	_____	_____
Food/Beverage (non-alcohol):	_____	_____	_____	_____
Liquor:	_____	_____	_____	_____
Other (please specify):	_____	_____	_____	_____

8. Description of Operations/Events: _____

9. Main Fair Dates: From: _____ To: _____

10. Buildings, Equipment or Facilities Available On-Site (include Perm & Temp Installations):

Check all appropriate boxes:

Auditorium	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ice Arena	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Ice Rink	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bingo Hall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Playground Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Campground	<input type="checkbox"/> Yes <input type="checkbox"/> No	Racetrack/Grandstand Building	<input type="checkbox"/> Yes <input type="checkbox"/> No
Casino/Slots Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skatepark	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curling Arena	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports Complex	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhibition Building/Hall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sports Fields/Baseball Diamonds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horse Arena/Coral	<input type="checkbox"/> Yes <input type="checkbox"/> No	Storage Facilities (for third parties)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe) _____			

11. a) Please list all grandstands and bleachers used by Insured:

- | | | | |
|--------------------|--------------------|---|------------------------------------|
| 1. Capacity: _____ | Age: _____ (years) | <input type="checkbox"/> Permanent Installation | <input type="checkbox"/> Temporary |
| 2. Capacity: _____ | Age: _____ (years) | <input type="checkbox"/> Permanent Installation | <input type="checkbox"/> Temporary |
| 3. Capacity: _____ | Age: _____ (years) | <input type="checkbox"/> Permanent Installation | <input type="checkbox"/> Temporary |

b) Do you allow third parties to rent, lease or borrow any of these? Yes No

12. Please Indicate Events or Activities Taking Place On-Site:

<u>Event/Activity</u>	<u>Responsibility</u>	<u>Event/Activity</u>	<u>Responsibility</u>
Fairs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Harness Racing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Agricultural Exhibitions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Horse Racing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
		Number of Races: _____	
Athletic/Sporting Event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Livestock/Horse Sales	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Auto Racing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Meetings & Conventions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Concert/Entertainment*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Parades	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Demo Derbies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Recreational Events	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Number of Derbies: _____		Horse Pulls	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Equestrian/Horse Show	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Rodeo	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Number of Shows: _____		Number of Shows: _____	
Equipment Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Tractor Pull	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
		Number of Shows: _____	
Fireworks	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other	Trade/Consumer Shows	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insured <input type="checkbox"/> Other
Other Activities/Events – (Please Describe): _____			

* Indicate type of concert: Hard Rock Pop Rock Jazz/Blues C&W Classical Other
 If Other, please describe: _____

For all activities or events where you have indicated “OTHERS” are responsible, do you secure Certificate of Insurance denoting your organization as an Additional Insured? Yes No

13. Please provide a description of operations taking place off-premises:

14. List all Rented or Leased locations:

<u>Address</u>	<u>Occupied As/Usage</u>	<u>Square Footage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. Does your organization engage in any other operations not already described above? Yes No
If yes, please describe: _____

CARNIVAL / FIREWORKS / LIQUOR EXPOSURE

16. a) Do you contract with a carnival for amusement rides? Yes No
If yes, please provide:
- Name of Carnival Operator: _____
- Operator's Insurance Company: _____
- Limit of Liability Provided by this Policy: _____
- b) Do you collect Certificate of Insurance showing your organization as an Additional Insured? Yes No
17. a) Do you contract with a Pyrotechnician for Firework Displays? Yes No
If yes, please provide:
- Name of Company: _____
- Company's Insurance Company: _____
- Limit of Liability Provided by this Policy: _____
- b) Do you collect Certificate of Insurance showing your organization as an Additional Insured? Yes No
18. a) Are alcoholic beverages sold or served on your premises? Yes No
b) By your organization? Yes No
If yes, is liquor server awareness training required for all servers? Yes No
c) By concessionaire or sub-contractor? Yes No
d) Do you collect a certificate of Insurance denoting your organization as an Additional Insured on such Concessionaire or sub-contractor's policy? Yes No
e) Does your organization sell or serve alcoholic beverages off-premises? Yes No
f) Has your organizations ever had its liquor licence refused, revoked or suspended? Yes No

CONTRACTUAL ARRANGEMENTS

19. a) Does the organization assume liability of others or waiver subrogation rights? Yes No
b) Do you require others to assume liability arising out of the actions of your organization? Yes No
c) Do you have formal procedures in place to ensure all contracts to be signed behalf of your organization are reviewed by a qualified risk manager or legal counsel? Yes No
d) Do you secure Certificates of Insurance from all concessionaires, vendors exhibitors, lessees, independent contractors or service organizations operating on your premies or with whom you have a business relationship? Yes No

SECURITY / EMERGENCY RESPONSE

20. a) Do you have a formal Security Plan or Procedures in place? Yes No
b) Security is provided by: Employees Police Contracted Other
c) Minimum number of security personnel on site during fair? _____
d) Please comment on any special security provisions for special events: _____

21. Do you have a formal Emergency Response Plan in place? Yes No
22. Do you maintain staffed ambulance on site for Fair and special events? Yes No
23. Do you maintain first aid / medical facilities on site? Yes No
Please describe: _____

MISCELLANEOUS

24. a) Do you have a formal equipment and premises maintenance procedures in place? Yes No
 b) If yes, does it include written logs documenting actions taken? Yes No
25. Are all employees and volunteers covered under Workers Compensation? Yes No
26. Do you own, lease or operate any aircraft or watercraft? Yes No
27. a) Do any officers, employees or volunteers operate their own vehicles in the course of business? Yes No
 If yes, how often per year?: _____
 b) Do you rent or lease vehicles from others? Yes No
 If yes, how often per year?: _____

28. Please complete the following Claims Information

<u>Policy Year</u>	<u>Insurance Company</u>	<u>Premium</u>	<u>Total Claims (\$)</u>	<u># of Claims</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe losses over \$500 in detail: _____

29. Provide details of current or expiring Insurance coverages:

	<u>Insurer</u>	<u>Policy Period</u>	<u>Limit of Liability</u>
Directors & Officers	_____	_____	_____

30. Has your insurance ever been cancelled, declined or refused for renewal? Yes No

I understand that K&K Insurance Brokers, Inc., or the insuring company, shall be permitted but not obligated to inspect a proposed insured's 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 others, 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 Questionnaire 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 Questionnaire Form and that, to the best of my knowledge, all information provided in this form is complete, true and correct.

 Name (Print) Signature Date

Agent/Broker: _____