



Strickland General Agency of FL, Inc.

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“Professional Insurance Wholesaler”

**SGA’S Family Entertainment Liability Application
SECTION II: SGA’S CARNIVAL APPLICATION**

**TO BE COMPLETED WITH AN ACORD GENERAL LIABILITY APPLICATION
(Complete all questions. Indicate "N/A" where applicable. DO NOT LEAVE ANY AREAS BLANK)**

APPLICATION INFORMATION:

Named Insured Business Address: _____

Contact Person/Title/Phone Number: _____

Email Address and Website: _____

Tax ID Number: _____

Description of Operations: _____

Annual Number of Events: _____

Gross Receipts: _____

Estimated annual total attendance: _____

States Operating In: _____

If Concessionaire or Independent Ride Operator, with whom do you Travel? _____

Policy Period: _____

Expiring Carrier: _____

How many years has this fair been under present management? _____

How many years with present management?: _____

Please describe your employee background screening: _____

Mobile Equipment:
{fork lifts, golf carts etc.}

<u>Name</u>	<u>Manufacturer</u>	<u>Serial Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: APPLICATION MUST BE SIGNED AND DATED BY BOTH THE AGENT AND INSURED!
THIS APPLICATION BECOMES A PART FO THE POLICY**

By signing the application, the undersigned declares all statements set forth and herein to be true, complete and accurate. Also, the undersigned hereby declares that any knowledge of an event which would alter the information herein will be reported in writing to the insurer at the earliest opportunity. It is understood and agreed that the completion and submission of this application shall not be binding to the prospective-insured or Company until coverage is bound by the Company.

Applicant: _____ Title: _____ Date: _____

Agent: _____ Title: _____ Date: _____

