



Strickland General Agency of FL, Inc.

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“Professional Insurance Wholesaler”

SGA’s Family Entertainment Liability Application
SECTION IV: SGA’S FAIR LIABILITY APPLICATION

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

GENERAL INFORMATON

Legal Name of Applicant: _____

(dba if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Cell Number: _____ Business Number: _____ Fax Number: _____

E-Mail Address: _____ Web Site: _____

UNDERWRITING INFORMATION

Policy Effective Date: _____

Location / Address of Fair Site: _____

Is the premises owned by the Named Insured? Yes _____ No _____

Long -Term Lease or Shot-Term Lease: _____

Total Acreage: _____ Fair Dates: _____

Hours of Operation: _____

Fair Manager: _____ Experience: _____

Estimated Total Attendance: _____ Estimated Daily Attendance: _____

Gross Receipts: _____ Estimated Annual Attendance: _____

Last year’s gate receipts and fees: _____ Last Year’s Attendance: _____

Years of Operation: _____

Mechanical Amusement Rides owned by you? Yes ___ No ___ If yes, please provide the name of the ride and serial numbers:

Are Fireworks contracted out or discharged by you? Yes_____ No_____ If yes, please provide a resume and experience of the personnel.

Prior Insurance and Loss Experience

<u>Year</u>	<u>Insurance Company</u>	<u>Liability Limits</u>	<u>Premium</u>	<u>Loss Experience</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE INCLUDE 3-YEARS of LOSS RUNS)

Parking:

Describe parking; _____

Number of Acres: _____ Paved: Yes___ No___ Grass: Yes___ No___

Are there any shuttle service provided? Yes___No___ If yes, please describe: _____

Does the operation include boarding of animals other than during the fair: Yes_____ No _____

Does the fair operate a campground for the attendees: Yes_____ No_____ If yes, how many spaces: _____

Is 24-hour security maintained? Yes_____ No_____

Who provides security for the fair? City_____ County _____ State _____ Private _____ Fair Employees _____

If a private agency, do they supply a Certificate of Insurance naming you as an additional insured? Yes _____ No _____

If the security personnel are either private or fair employees, are they armed? Yes_____ No _____

If yes, please provide training procedures for this service. _____

FAIR INFORMATION

Estimated number of vendors/exhibitors? _____

Food/Beverage:_____ Arts/Crafts: _____ Other: _____

Do the promoters and/or vendors supply you with a Certificate of Insurance naming you as an Additional insured? Yes _____ No _____

If primary General Liability is needed for vendors, please attach list of vendors to be included under the fair coverage.

FAIR EVENTS/ACTIVITES HELD DURING THE YEAR

Animal Shows Yes_____ No_____

Antique Shows Yes_____ No_____

Arts & Crafts Festivals Yes_____ No_____

Boxing/Wrestling Events	Yes_____	No_____
Demolition Derbies	Yes_____	No_____
Fireworks Show	Yes_____	No_____
Flea Markets	Yes_____	No_____
Gardening/Flower Festivals	Yes_____	No_____
Indoor Exhibits	Yes_____	No_____
Outdoor Exhibits	Yes_____	No_____
Rodeo	Yes_____	No_____
Tractor Pulls	Yes_____	No_____

Other: _____

(PLEASE INCLUDE A LIST of ALL EVENTS/ACTIVITIES HELD LAST YEAR)

GENERAL MEDICAL INFORMATION

Maximum number and type of medical personnel: Paramedic _____ EMT/EMS _____ Nurse _____

Distance to nearest hospital: _____ Time by Air: _____ Ambulance on Site: Yes _____ No _____

LIQUOR LIABILITY (If applicable)

(Complete this section if you need coverage for Liquor Liability Coverage)

If sold or furnished by contractor, do you require a Certificate of Insurance and is coverage provided to you as a Named Insured? Yes _____ No _____

How is the alcoholic beverage served: Cup: _____ ounce size: _____ Pitcher: _____ Other: _____

Who provides Liquor at the fair: Fair: _____ Contractor: _____ Other : _____

Can patrons purchase more than two alcoholic beverages at one time? Yes _____ No _____

ACTIVITIES

Is there **LIVE MUSIC**? Yes _____ No _____ If yes, please complete the following:

Type of music: Hard Rock _____ Pop Rock _____ Jazz _____ Country & Western _____ Bluegrass _____ Other _____

Number of stages? _____ Number of performers? _____

Is the Entertainment? Local: _____ Regional Known: _____ Nationally Known: _____

Grandstands: Yes _____ No _____ Construction: Wood: _____ Concrete: _____ Metal: _____ Other: _____

Height of Grandstands: _____ Guardrails: _____ Capacity: _____ Age: _____

Number of Fixed Bleachers: _____ Construction: _____

Are records maintained on the inspection/maintenance of grandstands and/or bleachers? Yes _____ No _____

Are records and documentations on file of these inspections and maintenance maintained? Yes ____ No____

Are there **RODEOS** held during the year? Yes____ No____ If yes, number of rodeos held? _____

Does the rodeo provide a Certificate of Insurance: Yes ____ No____ Are you named as an Additional Insured? Yes ____ No____

Does the rodeo board stock at your facility overnight? Yes____ No____

Are the transfer areas between the various animal stalls/pens and the competition areas blocked or restricted from the general public? Yes: ____ No:_____

Please attach a copy of the contract.

Please describe the rodeo arena facility that will hold the competition including the seating capacity, construction of the grandstands/bleachers, height, guardrail features:

Are their any **Motorsports**? Yes____ No____ If yes, please indicate the type of events held:

Please describe the arena, track etc. where these activities will be held to include the security protection of the patrons, seating capacity, construction of the grandstands/bleachers, height, guardrail features.

SUMMARY of REQUESTED ITEMS

Please include the following information along with this special supplemental Fair application:

1. Completed Acord application.
2. Current schedule of all fair events.
3. Minimum of 3-years loss information.
4. Carnival Certificate of Insurance.
5. Do you have an emergency evaluation plan? Yes____ No____
6. Most current audited financial statement.
7. List of Additional Insured to be included including a description of each.
8. Any contracts where you agree to indemnify or hold others harmless.

I understand that the insurance company in determining whether to provide a quotation will rely on the information contained on the application and other information being provided. I hereby certify that the information provided herein is true and correct. I acknowledge that this application will become a part of this policy and misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant: _____ Date: _____

Signature of Agent: _____ Date: _____