



FAIRGROUND LIABILITY

GENERAL INFORMATION:

Full Legal Name of the applicant to be insured: _____

Mailing Address: _____

_____ City Province Postal Code

Contact Person: _____ Position: _____

Phone: (____) _____ Fax: (____) _____

Website: _____ E-mail Address: _____

Date Organization Established: _____

Accept delivery of insurance documents electronically at the above noted email address? YES NO

Applicant is: Corporation Partnership Non-Profit Association

Policy Period Requested: Effective: _____ Expiry: _____

PRIOR INSURANCE INFORMATION:

1. Provide details of your present/expiring insurance:

Name of insurance company: _____

Policy expiry date: _____

Policy limits: _____

Annual policy premium: _____

2. Has the applicants insurance ever been: Cancelled Declined Non-Renewed

If any of the above boxes are checked, please explain: _____

3. Please provide details of any losses in the last 5 years: _____

OPERATIONS:

1. Fully describe operations of the applicant : _____

2. Please provide a schedule of all activities expected to be held or sponsored by your fair (**outside of the Fair dates**) for the year. This may include but not limited to card games, banquets, dances, farmer's markets, concerts, family days, fundraisers etc.

3. Do you rent or lease your facilities to others? YES NO
 If "Yes" please describe. Provide agreements that are in place: _____

4. Fair Dates: _____

Please indicate:	Estimated Attendance	Gross Receipts
Main Fair:	_____	_____
Exhibitions/Conventions:	_____	_____
Sporting/Entertainment Events:	_____	_____
Rental of Building/Properties:	_____	_____
Other Events / Activities:	_____	_____

5. Does the applicant have any alcohol sales? YES NO
 a. Are all liquor licenses and/or liquor sales controlled by the applicant? YES NO
 (If "Yes", we require our Liquor Liability Application to be completed)

6. Are any structural alternations, new construction, or demolition anticipated on the grounds? YES NO
 If yes, please explain: _____

7. Warehouseman's Legal Liability

Is property of others stored in or on the organizations property during the year? YES NO

If "Yes", for what purpose? _____

For how long? _____

Please provide the Storage Agreement with this application.

Do you require coverage for this operation? If so, for what limit? \$ _____

8. Please Indicate all Activities During the Main Fair:		To Be Covered	Covered Elsewhere (please provide certificate)	N/A
Horse Shows	No. of Days	_____	_____	_____
Horse Racing	No. of Days	_____	_____	_____
Petting Zoo	No. of Days	_____	_____	_____
Pony Rides	No. of Days	_____	_____	_____
Rodeo / Chuck Wagon Racing	No. of Days	_____	_____	_____
Parade	No. of Days	_____	_____	_____
Lumberjack Events	No. of Days	_____	_____	_____
Other	No. of Days	_____	_____	_____

9. Does the applicant operate Fireworks? YES NO
 If "No" are they operated by others? If "Yes", please provide us with a Certificate of Insurance naming your organization as Additional Insured and a min. Limit of Liability of \$2,000,000. YES NO

10. Are there any Motorsports Events during or outside the fair dates? (possible examples but not limited to: Tractor Pull / Antique Tractor, Demolition Derby, Mud Bogs, Lawn Mower Racing, BMX Racing, other) YES NO
 If "Yes", please provide dates for these events and a Certificates of Insurance adding the organization as an Additional Insured. If coverage is required it can be provided through StoneRidge Specialty Insurance

11. Are there any other activities that occur not already described during the fair YES NO
 If yes, please describe in detail (use a separate piece of paper)
12. Does the organization contract with a carnival for amusement rides? YES NO
 Name of Carnival: _____
 Carnival's Insurance Company: _____
 Carnival's Insurance Limits: _____
 (Must provide Certificate of Liability Insurance showing the organization as Additional Insured.)
 Does the organization own any rides YES NO
 If "Yes", describe each: _____
 Does the organization operate any rides not owned? YES NO
 If "Yes", name and describe each: _____
 (Must provide Certificate of Liability Insurance showing the organization as Additional Insured.)
13. Will there be events during or outside the fair dates that will require a stage? Yes No
 If "Yes", please provide details of the stage and who is responsible for setting it up: _____
 Who owns the stage?: _____
14. Are any of the following on location of risk:
- | | YES | NO | <u>If applicable, please specify</u> |
|---|--------------------------|--------------------------|--------------------------------------|
| Draft or Saddle Animals owned by or used by Society | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Equipment owned by Society used or rented to/from 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 applicant's responsibility? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other sports facilities owned or operated by applicant?
(Additional application may be necessary) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
15. Is an overnight public campground allowed? Yes NO If yes, how many spaces? _____
 Is 24-hour security maintained? YES NO
 Please submit a copy of rules and regulations regarding camping conduct.
16. Does your operation include boarding of animals other than during fair? YES NO
 Does your operation include boarding of animals during fair? YES NO
 If yes, please describe – please include number of stalls and copy of agreement.
17. Do you operate an indoor or outdoor rink/ arena or curling rink? YES NO
 If "Yes", please attach explanation, including rules, hours of use and proper signage.

2. **Optional Coverage Checklist – a separate application may be required**

Property Coverage (buildings, equipment and contents)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Directors and Officers Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Crime Coverage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employment Practices Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Accidental Death and Dismemberment Coverage for Volunteers	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Boiler and Machinery Breakdown / Equipment Breakdown	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Builders Risk	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Animal Mortality	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Legal Liability for Injury to Animals	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pollution Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The above list is not meant to be an exhaustive list of all insurance coverage available to an insured. If you have a concern that is not addressed by either the coverages that have been quoted or the coverages listed above, please discuss with our office. This list is only attached to point out some of the optional coverages that are commonly purchased.

Please enclose the following items along with application and forward it to Jones Brown Inc.:

- ❖ A current schedule of events during and outside the fair dates
- ❖ Most recent Fair Book
- ❖ Diagram/Photograph of fairgrounds layout and buildings, if available.
- ❖ Most recent Financial Statements.
- ❖ Copies of all contracts, waivers and agreements

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 THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A 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 THE 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 StoneRidge Specialty Insurance in accordance with provincial regulations, to obtain, on my behalf, detailed five-year loss runs from any and all companies from which I have obtained insurance.

Send completed form to:

StoneRidge Specialty Insurance
195 Franklin Boulevard, Suite 6
Cambridge, Ontario N1R 8H3

Telephone: 1-226-318-1744
Fax: 1-905-648-7399
Email: Motorsport@StoneRidgeInsurance.ca