



FAIRGROUND LIABILITY RENEWAL APPLICATION

Contact Information:

Full Legal Name of Insured: _____

Mailing Address: _____

Contact Person: _____ Position: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

General Information:

Fair Dates:

	Last Year's Attendance	Estimated Attendance For This Year	Gross Receipts
Main Fair:	_____	_____	_____
Exhibitions/Conventions:	_____	_____	_____
Sporting/Entertainment Events:	_____	_____	_____
Rental of Building/Properties:	_____	_____	_____
Other Events/Activities:	_____	_____	_____

Does the organization have any alcohol sales?
(If yes, you must complete a Liquor Liability Application.) Yes No

Are all liquor licenses and/or liquor sales controlled by the organization?
(If no, please obtain a Certificate of Insurance showing at least \$2,000,000 Liability Limit and lists your organization as additional insured.) Yes No

Do you anticipate any structural alterations, new construction, or demolition on your grounds?
If yes, please explain: Yes No

Does the Organization Assume Liability of Others by Contract?
(If yes, please attach explanation and copy of contract.) Yes No

Does the organization secure Certificates of Insurance from:

Food Concessionaires?	Yes	No
Other Fair Vendors/Exhibitors/Performers?	Yes	No
Off-Season Renters/Lessees of Buildings or Property?	Yes	No
Independent Contractors and/or Service Organizations?	Yes	No

Warehouseman's Legal Liability

Is property of others stored in or on the organizations property during the year?
If yes, please explain: Yes No

For how Long? _____
Please attach all Storage Agreements with Application.

Do you require coverage for this operation?
If yes, for what Limit? Yes No



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Fair Activities:

Please indicate all Activities during the Main Fair:

	# of Days	to Be Covered	Covered Elsewhere (Certificate Provided)	N/A
Horse Shows				
Horse Racing				
Petting Zoo				
Pony Rides				
Rodeo/ Chuck Wagon				
Racing				
Parade				
Lumberjack Events				
Other				

Please provide a schedule of events during the fair with this application

Are any Fireworks operated by the organization? Yes No
(If no, are any Fireworks operated by others?)

Will the Organization have any Motorsports Events during or outside of the Fair Dates? Yes No
(i.e. Demo Derby, Tractor Pull, Mud Bog, Lawn Mower Racing, BMX/MX Racing, etc.)

Are there any other events occur not already described during the Fair?
(If yes, please attach a description of events not listed above.)

Please provide a schedule of all activities expected to be held or sponsored by your organization (outside of fair dates) for the Year.
(i.e. Card Games, Banquets, Dances, Farmers Markets, Concerts, etc.)

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 a Certificate of Insurance listing the organization as an Additional Insured

Does the organization own any rides? Yes No
If yes, please attach a description of each.

Does the organization operate any rides NOT owned?
If yes, please attach a description of each.
Must Provide a Certificate of Insurance listing the organization as an Additional Insured

Will you be having events during or outside of the fair dates that require a stage? Yes No
If yes, please attach details of the stage, who is responsible for set up, and ownership.



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Required Limits of Coverage:

Please indicate all coverages that your organization requires:

Commercial General Liability	Limit: \$
Tenants Legal Liability	Limit: \$
Legal Liability/Damage to Hired Autos	Limit: \$
Contractors Equipment	Limit: \$
Rented/Borrowed/Leased Equipment	Limit: \$
Other	Limit: \$

Optional Coverages

Property Coverage (Buildings, equipment and contents)	Yes	No
Directors and Officers Liability	Yes	No
Fiduciary Liability	Yes	No
Employment Practices Liability	Yes	No
Accidental Death and Dismemberment Coverage for Volunteers	Yes	No
Boiler and Machinery Breakdown	Yes	No
Builders Risk	Yes	No
Animal Mortality	Yes	No
Legal Liability or Injury to Animals	Yes	No
Pollution Liability	Yes	No

Additional Insured Information:

Additional Insured	Business Relationship



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I UNDERSTAND THAT STONERIDGE SPECIALTY INSURANCE FOR THE INSURING COMPANY, IS PERMITTED, BUT NOT OBLIGATED, TO SURVEY OUR 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, STONERIDGE SPECIALTY INSURANCE IS NOT UNDERTAKING, ON BEHALF OF, OR FOR OUR BENEFIT (OR OTHERS), TO DETERMINE WHETHER OUR 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, UNDERWRITING AND SEEKING TO REDUCE CLAIMS AGAINST INSURANCE AND ARE NOT FOR THE BENEFIT OF ANY INSURED OR THIRD PARTY. I UNDERSTAND AND ACKNOWLEDGE THAT WE, THE INSURED, ARE SOLELY RESPONSIBLE FOR THE SAFETY OF OUR PROPERTY AND OPERATIONS, AND WE SHALL NOT REPLY 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 STONERIDGE SPECIALTY INSURANCE 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 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: koryb@StoneRidgeInsurance.ca