

Agency Name:
Address:
Contact
Name:
Phone:
Fax:
Email:

Fall Festival Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Event Location #1 _____

Event Location #2 _____

Event Location #3 _____

UNDERWRITING INFORMATION

1. Event Dates _____

Description of Event (**Attach** copy of flyer or brochure) _____

2. Estimated attendance per day _____ Total for all days event is held _____

| | | |
|---|---|-------------------------------|
| Estimated Gross Receipts By Operation: | General Admission: \$ _____ | Parking Receipts: \$ _____ |
| | Food & Beverage (excluding alcohol): \$ _____ | Alcoholic Beverages: \$ _____ |
| | Other (describe): \$ _____ | |

3. If food or beverages sold or served by applicant provide details: _____

4. If alcoholic beverages are on premises are they served by applicant or other
Is liquor liability coverage in place? Yes No

5. Describe products sold or distributed by you: _____

6. Seating arrangements – Describe (i.e., permanent, portable, bleachers, chairs, etc.) _____

If portable, who does the erection? _____

7. Setup – Describe all exposures (i.e., booths, stages, electrical, special effects, etc.) _____

Who is responsible for the setup? _____

8. Security – Describe (i.e., guards - unarmed vs. armed, dogs, off-duty police, etc.) _____

If guards are used, do they have their own insurance? Yes No

9. Parking facilities Yes No

Operated by: Applicant Others If others, do they have their own insurance? Yes No

Is parking area Paved Dirt Lighted Supervised Other (describe) _____

UNDERWRITING INFORMATION (Continued)

- 10. Are participants required to sign a waiver / release of liability? Yes No
If yes, for which activities: _____
- 11. Medical emergencies – describe how an emergency will be handled: _____
- 12. Is there an Emergency Evacuation Plan in place? Yes No
- 13. Are certificates of insurance required from all subcontracted operations? Yes No
- 14. Does the applicant use any mobile equipment? Yes No
If yes, describe and give details of how it is used. _____
- 15. Are all employees or volunteers 18 years or older?..... Yes No
- 16. Is the public allowed to bring pets (dogs or other animals) on the premises? Yes No
- 17. Is smoking prohibited on premises? Yes No
 - If No - Smoking signs are clearly posted and enforced. Yes No N/A
 - You maintain designated smoking areas away from public or combustible materials. Yes No N/A
- 18. Do you have a rodent/pest control program in place? Yes No

ANIMAL EXPOSURE CHECK IF NO EXPOSURE

- 1. Are there animal rides?..... Yes No If yes, are animals hand lead? Yes No
List the types of animals _____
Describe area where rides are given (arena, roped off area, etc.) _____
Is safety apparatus used? Yes No
What is the minimum age permitted to ride? _____
Are animals experienced in the activity? _____
- 2. Is there a petting zoo? Yes No If yes, describe. _____
List the types of animals _____
How is it set up (fenced area, etc.)? _____
Is the area supervised? Yes No
Is there a hand sanitization station readily available? Yes No

AMUSEMENT DEVICES – KIDDIE TYPE CHECK IF NO EXPOSURE

- 1. Provide a complete list of equipment. _____
- 2. Is applicant properly licensed to operate equipment? Yes No
- 3. Are the rides supervised at all times? Yes No
- 4. Does the vendor or subcontractor operate Kiddie rides? _____
- 5. If a miniature train:
How is train propelled? Animal Locomotive Tractor Other (Describe) _____
How many cars does the train have? _____
Are the train cars commercially manufactured by others and designed for the intended use? Yes No
What is the train's maximum operating speed? _____
Are train cars operated on a track at ground level with a minimum of five (5) feet of clearance on all sides? Yes No
Is there scheduled maintenance performed? Yes No

AMUSEMENT DEVICES – OTHER THAN KIDDIE TYPE

CHECK IF NO EXPOSURE

Operator must have insurance and provide a certificate of insurance with limits and coverage at least equal to those requested on this application.

CARNIVALS AND FAIRS

CHECK IF NO EXPOSURE

Provide complete description of event (**Attach** diagram on separate sheet indicating location of each exhibit, booth, ride, event, etc.)

CONCERTS

CHECK IF NO EXPOSURE

- 1. Name of performer(s) and type of music _____
- 2. Do they have their own insurance? Yes No
- 3. Describe seating, i.e., bleachers, grass, folding chairs, etc. _____
- 4. Is seating assigned? Yes No
- 5. Type of venue. Indoor Outdoor
If outdoors, is facility designed to accommodate this type of event? Yes No

CORN MAZES

CHECK IF NO EXPOSURE

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

- 1. The maze was created by cutting pathways through growing crops. Yes No
- 2. If the maze is not cut through growing crops but consists of walls made from bales, you meet Yes No
or exceed minimum thickness and stabilizing requirements for this type of construction.
- 3. All walking areas are level and free of uneven surfaces. Yes No
- 4. Your employees/volunteers monitor activities within the maze from a
tower, bridge, platform or other vantage point. Yes No
- 5. There are adequate exits throughout the maze in the event patrons elect to exit without completing. Yes No
- 6. Objects are not launched into the maze (e.g. corn cannons, water balloons, etc.). Yes No
- 7. If maze is open for night use the area is well lit. Yes No

HALLS

CHECK IF NO EXPOSURE

- 1. Is there a hall or space available for event rental? Yes No
- 2. If yes, provide details of the types of events (e.g. birthday parties, weddings, etc.). _____

HAUNTED ATTRACTIONS

CHECK IF NO EXPOSURE

GENERAL INFORMATION (FOR HAUNTED HAYRIDE/WAGON, HOUSE, MAZE OR WALKING TRAIL)

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

- 1. Your Volunteers or Employees cannot physically touch the customers during their skits or while
customers walk past their display. Yes No
- 2. Your Volunteers or Employees are trained to deal with the public in this environment. Yes No
- 3. You prohibit the patrons from touching or interacting with the displays or skits. Yes No
- 4. Displays do not include working power tools (e.g., saws, drills) or electrical shock machines or tricks. Yes No
- 5. There are no low hanging ropes, nooses, props or displays crossing the customers' path. Yes No
- 6. You do not use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives. Yes No

HAUNTED ATTRACTIONS (CONTINUED)

HAUNTED HOUSE CHECK IF NO EXPOSURE

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

Type of Building or Structure:

- Free standing structure Interconnected mobile trailers
 - Leased space in multi occupancy building (e.g., former supermarket, store front, warehouse) Temporary/Portable structure (e.g., air supported dome or other structure erected for this event only)
1. The building meets all state, local, or governing agency life safety, fire and occupancy statutes, or requirements. (e.g., NFPA 101, Local Building Codes etc...) Yes No
 2. The building has been inspected and approved for occupancy by the local fire authority. Yes No
 3. Employees or Volunteers are present throughout the facility during operating hours to monitor or assist patrons as they tour the displays. Yes No
 4. Uneven walking surfaces, steps, or flights of stairs are supervised by a designated Employee or Volunteer during operating hours. Yes No
 5. There are adequate means of egress with exit signs lit and visible during event. Yes No

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "YES" RESPONSES

1. The haunted house is more than one story. Yes No
2. Patrons use slides to move from one level to another. Yes No
3. There are moving or sinking floors, or moving or sinking stairs. Yes No

HAUNTED WALKING TRAIL CHECK IF NO EXPOSURE

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

1. Your employees or volunteers guide patrons through the trail. Yes No
2. Patrons may not leave the trail during the walk. Yes No
3. Patrons may not leave the group without completing the entire attraction. Yes No
4. All walking areas are level and free of uneven surfaces. Yes No

HAYRIDE/WAGON CHECK IF NO EXPOSURE

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

1. The unit is propelled by Tractor Animal Locomotive Other motorized vehicle (explain) _____
2. The unit was specifically designed, and constructed by others to transport people. Yes No
3. The unit has permanently mounted seats for riders. Yes No
4. The unit is properly equipped to prevent riders from falling. (Guard rail, seat backs, handrails, etc.) Yes No
5. Wheel wells are properly covered/protected to prevent accidental contact with any moving parts. Yes No
6. You do not permit patrons to exit the unit before the entire trip is completed. Yes No
7. You do not permit employees/volunteers to board the wagon after it has left the start area. Yes No
8. Operators are over 18 years of age and qualified operators of the unit. Yes No
9. The unit does not operate on, or cross any public street, road, highway, or thoroughfare. Yes No

PUMPKIN PATCHES CHECK IF NO EXPOSURE

PROVIDE DETAILED INFORMATION IN REMARKS SECTION FOR ALL "NO" RESPONSES

1. Formal procedures in place to keep the lot free of hazards. Yes No
2. The lot is cleaned of all debris prior to the applicant leaving the premises at the end of the season. Yes No

OTHER ACTIVITIES OR OPERATIONS (DESCRIBE)

Remarks: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date