

**FAIR / FAIRGROUND INSURANCE QUESTIONNAIRE**

**SUBMISSION REQUIREMENTS**

* + Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Crime, Employment Related Practices, Excess Liability, Garage, Inland Marine, Property, Transportation)
  + Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $10,000
  + Copy of the Emergency Response Plan
  + Facility rental agreement (e.g., required of third parties renting your facility)
  + Schedule of fair events/activities (if not on your website)
  + Schedule of off-season (non-fair) events/activities
  + Stall agreement for boarding animals (if applicable)
  + Off-season storage agreement (if applicable)
  + Diagram of the off-site parade route including staging area, starting and stopping locations (if applicable)
  + Copy of the Motor Sports/Demo Derby Supplemental (if applicable)

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| **GENERAL INFORMATION** |
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| 1. Name of Insured (Applicant): |
| 2. Location/Address (if different from ACORD): |
| 3. What is the insured’s FEIN number? |
| 4. What is the insured’s website address? |
| 5. Number of years in business? |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: |
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| **UNDERWRITING INFORMATION** |
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| 1. Dates of fair: |
| 2. Are the premises owned by the Named Insured?  Yes  No Total acreage: |
| 3. Estimated attendance this year:       Estimated daily attendance: |
| 4. Total attendance last year:       Number of employees:       Number of volunteers: |
| 5. Gross receipts from fair week:       Gross receipts other than fair week: |
| 6. Who provides security for your fair? City  County  State  Employees/Volunteers  Private Company  Average number of security officers per fair day:  If a private security company is utilized, do you obtain a certificate of insurance that names  the fair as additional insured?  Yes  No |
| 7. Type of medical personnel: Paramedic  EMT/EMS  Nurse  Other  Describe:  Is there an ambulance on-site?  Yes  No Distance to nearest hospital:  Describe any medical facilities on-site: |
| 8. Do you have a plan to monitor and respond to adverse weather situations?  Yes  No |
| 9. Are camping facilities provided to the general public?  Yes  No  If yes, how many spaces?       Is 24-hour security maintained?  Yes  No |
| 10. Does your operation include boarding of animals other than during the fair?  Yes  No If yes, do you utilize a written stall-rental agreement to be signed by the user?  Yes  No  If yes, does the agreement include hold harmless and waiver of subrogation clauses?  Yes  No |
| 11. Answer the following if you lease space for off-season storage of property of others (e.g., campers, boats)  N/A  Do you require the user to sign a written storage agreement?  Yes  No  If yes, does the agreement include hold harmless and waiver of subrogation clauses?  Yes  No  What is the estimated maximum property limit held in storage? $ |
| 12. Answer the following if you have carnival/amusement rides  N/A  Are they operated by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 13. Answer the following if you have a petting zoo  N/A Are all animals properly vaccinated?  Yes  No  Is there signage posted with regard to the importance of hand washing after animal contact?  Yes  No  Is the petting zoo operated by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 14. Answer the following if you have a rodeo  N/A Are the transfer areas between the animal pens/stalls and rodeo competition area  restricted from the general public?  Yes  No  Is the rodeo operated by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 15. Answer the following if you have sporting events or competitions (e.g., 5k Run, Basketball, Volleyball)  N/A  Is participant accident insurance coverage provided in case of injury to participants?  Yes  No  Is the sporting event/competition operated by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 16. Do you conduct parades?  Yes  No  If yes, complete the Parade Special Event Questionnaire. |
| 17. Answer the following if you have concerts:  N/A  What considerations are made when determining whether to hire a band?  Are different security measures considered based on the band hired?  Yes  No  If yes, describe:  Do you allow mosh pits or body surfing?  Yes  No  What measures are taken to prevent mosh pits/body surfing and stop if one begins to form? |
| 18. Do you have child care operations?  Yes  No |
| 19. Do you have skating at any permanent or temporary skating park or rink?  Yes  No |
| 20. Do you have cattle drives or trail rides?  Yes  No |
| 21. Are the fairgrounds and/or your buildings leased to outside entities?  Yes  No  If yes:  Does the outside entity carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 22. Do you have a tractor pull, demo derby, or auto racing?  Yes  No |
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| **AUTO EXPOSURE** | | | |
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| Complete the following chart: | | | |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire. | | | |

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| **CONSTRUCTION/RENOVATION** |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period?  Yes  No  If yes:  Who will perform the work?  Employees  Contractor  Volunteers  Please describe the work or project: |
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| **EMERGENCY RESPONSE PLAN** |
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| 1. Do you have an Emergency Response Plan?  Yes  No |
| 2. How often is the plan updated? |
| 3. What year was the plan last updated? |
| 4. Do you review the plan with employees?  Yes  No |
| 5. What frequency is the plan reviewed with employees? |
| 6. Do you have an active shooter plan?  Yes  No |
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| **FIREWORKS/PYROTECHNICS**  Are pyrotechnics or fireworks displayed at any of your operations/events?  Yes  No  If yes, is excess pyrotechnics/fireworks coverage desired?  Yes  No  ***If coverage is desired, please complete the following section.*** |
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| ***(For the purpose of this questionnaire, the term “pyrotechnics” shall be considered interchangeable with the term “fireworks”.)*** |
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| 1. Location of the event(s) where pyrotechnics will be displayed: |
| 2. Estimated times a year pyrotechnics are displayed: |
| 3. Are pyrotechnics conducted by a licensed and insured subcontractor?  Yes  No  If no, please explain who conducts pyrotechnics:  If yes, do you receive an additional insured certificate of insurance with limits of at least $1M?   Yes  No  Provide name of subcontractor: |
| 4. For every event where pyrotechnics are used at the venue, does the authority having  jurisdiction approve all written plans and issue a permit?    Yes  No |
| 5. Will there be a fire department on-site during the display?  Yes  No  If no, what is the distance to the nearest fire station? |
| 6. Do you store pyrotechnics on-site?  Yes  No  If yes, does the storage facility meet the appropriate NFPA Standards and has been approved  by the authority having jurisdiction?  Yes  No  If no, please describe your storage system: |
| 7. Answer these questions if pyrotechnics will be displayed outdoors  N/A  Are spectators, unauthorized vehicles, and readily combustible materials located within the  designated and approved fallout area during pyrotechnic displays?  Yes  No  Is the site checked for debris, including duds, immediately after and the morning following  the event?  Yes  No  Do you have a plan to determine if weather conditions are suitable for the event  (wind, drought, etc.)?       Yes  No |
| 8. Answer these questions if pyrotechnics will be displayed indoors  N/A  Does the facility have a sprinkler system?  Yes  No  Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays  either themselves or through a contractor?      Yes  No  If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met and that insurance has been obtained from either the tenant or the tenant’s subcontractor who lists you as an additional insured? |
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| **GRANDSTANDS, BLEACHERS AND TEMPORARY STAGES**  Does your operation include any grandstand(s), bleacher(s) or temporary stages?  Yes  No  ***If yes, please complete this section.*** |
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| 1. Is any of the seating rented or borrowed?  Yes  No  If yes:  Does the owner carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 2. Do you utilize any temporary stages?  Yes  No  If yes, are they set up by a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
| 3. Do you have a formal inspection/maintenance program for grandstands, bleachers and/or  temporary stages?  Yes  No  If yes, do you use a subcontractor?  Yes  No  If yes:  Does the subcontractor carry liability limits of at least $1,000,000?  Yes  No  Are you listed as an additional insured, indemnified, and held harmless?  Yes  No |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  ***If yes, please complete the following section.*** |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: |

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| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No |
| 17. Do you exercise the right of search and seizure?  Yes  No |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No |
| 19. Is there any type of designated driver program in place?  Yes  No |
| 20. Are rules/regulations clearly displayed?  Yes  No |
| 21. Is food service available to patrons consuming alcohol?  Yes  No |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

# E-mail: [apply@americanspecialty.com](mailto:apply@americanspecialty.com)