

AGRITAINMENT APPLICATION

Section 1: Company Information

Applicant Name: _____ Phone Number: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Location Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____ Website: _____

Number of years in operation: _____ Annual Gross Receipts: _____

Business Operated: ☐ Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Other: _____

Section 2: Operations

1. Description of Operations: ☐ Pumpkin Patch/Corn Maze ☐ Easter Egg Hunt ☐ Archery
☐ Christmas Tree Farm ☐ Corn Maze ☐ July 4th Event ☐ Zip Lining
☐ Bungee Climbers ☐ Paint Ball/Laser Tag ☐ Dunk Tanks ☐ Farmers Market
☐ Concession Stands (indicate type): _____

- ☐ Bounce Houses/Inflatables/Jump Pillows or Pads (indicate type and #): _____

Are adults over height 48 inches allowed on? ☐ Yes ☐ No

Is a professional attendant on site at all times? ☐ Yes ☐ No

- ☐ Water Features

Any Lakes or Ponds Accessible to the public? ☐ Yes ☐ No

If Yes, describe access and usage: _____

- ☐ Mechanical Rides (indicate type and #): ☐ Kiddie Rides: _____ ☐ Family Rides: _____

☐ Mechanical Bull: _____ ☐ Other: _____

Do you lease any attractions to others or operate them offsite? ☐ Yes ☐ No

Is there a written Agreement? ☐ Yes ☐ No

Do you lease rides from others? ☐ Yes ☐ No

- ☐ Animal Acts (indicate type and #): _____

Are they performed by you? ☐ Yes ☐ No

Are they performed by a 3rd party and name you as an Additional Insured? ☐ Yes ☐ No

Any public interaction with these animals? ☐ Yes ☐ No

- ☐ Live Animal Rides (indicate type and #): _____

Are all rides supervised and in a confined space? ☐ Yes ☐ No

- ☐ Fireworks/Pyrotechnics

If Yes, are you responsible? ☐ Yes ☐ No

If No, will other provide you with an Additional Insured certificate? ☐ Yes ☐ No

- ☐ Athletic/Sports Activities (indicate type): _____

Maximum Number of participants in any one activity? _____

Are waivers obtained or included in participant registration forms for events requiring entry registration and fee? ☐ Yes ☐ No

- ☐ Other: _____

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Section 3: Location Information

1. Do you allow others to use your facility during the off-season? ☐ Yes ☐ No
If Yes, explain: _____
2. Is the Premises: ☐ Owned ☐ Long Term Lease ☐ Short Term Lease
3. Total acres OR approximate # of city blocks? _____
4. Is the Perimeter: ☐ Fenced ☐ Enclosed Hours of Operations (open to close): _____
5. Is there an Admission Charge? ☐ Yes ☐ No If Yes, amount: _____
6. Number of Employees: _____ Number of Independent Contractors: _____

Section 4 : Live Entertainment

1. Do you have Live Entertainment? ☐ Yes ☐ No If Yes, type: _____
2. Entertainment is: ☐ Locally Known ☐ Regionally Known ☐ Nationally Known
3. Type of seating: ☐ Bleachers ☐ Other: _____
If Bleachers: Year: _____ Manufacturer: _____ Type: ☐ Metal ☐ Wood
4. Do you anticipate any material changes in the type(s) of entertainment performed at your event this year? ☐ Yes ☐ No
If Yes, explain: _____
5. Is each performance attended by more than 50% of your total attendance? ☐ Yes ☐ No
If Yes, explain: _____

Section 5: Loss Control

1. Are all employees and contractors trained on safety programs for all attraction & the farm in its entirety? ☐ Yes ☐ No
If No, provide details: _____
2. Is there a daily check of premises for potential hazards? ☐ Yes ☐ No
3. Are traffic patterns in parking areas clearly marked? ☐ Yes ☐ No
4. Do you have to cross a public road to get to the parking lot? ☐ Yes ☐ No
5. Are restricted access areas clearly marked? ☐ Yes ☐ No
6. Does your event/premises comply with local and national fire and life safety codes? ☐ Yes ☐ No
7. Who provides security for this facility during operating times?
☐ City ☐ County ☐ State ☐ Employees/Volunteers ☐ Private Company
8. Do all attractions have proper signage marking height/age restrictions? ☐ Yes ☐ No
9. Do you keep maintenance logs, pre-operation inspection reports on all equipment? ☐ Yes ☐ No
10. Are you periodically audited by a 3rd party to ensure compliance with manufacturer's recommendations – for all equipment? ☐ Yes ☐ No
11. Does each attraction have an 'emergency shut down' function? ☐ Yes ☐ No
12. Do attendants supervise all attractions at all times and are ALL operators are 18 years and over? ☐ Yes ☐ No

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Medical Emergency Response and Personnel

13. Do you have medical emergency and incident procedures? ☐ Yes ☐ No
14. Are employees/volunteers provided medical emergency response training? ☐ Yes ☐ No
15. Are trained medical personnel on premises? ☐ Yes ☐ No
- If No, is EMT/paramedic response time less than 7 minutes? ☐ Yes ☐ No

Emergency Evacuation:

16. Do you have a written emergency evacuation plan? ☐ Yes ☐ No
17. Are employees/volunteers provided emergency evacuation training? ☐ Yes ☐ No

Section 6: Liquor Liability

Check Here if Not Desired ☐

1. Do you provide liquor at your location? ☐ Yes ☐ No
- If Yes, type: ☐ Open Bar ☐ Sold by the Glass/Bottle Average \$ per Drink: _____
2. Will alcohol be dispensed by a professional bartender? ☐ Yes ☐ No
- If No, describe how and by whom, alcohol will be dispensed: _____
3. Describe training, experience and/certification of persons serving alcohol: _____
4. What measures are in place to prevent service of alcohol to minors and/or intoxicated persons? _____
5. Is a liquor license required for the event and can they provide a valid liquor license? ☐ Yes ☐ No
6. Have you received any fines or citations in the last years related to selling or providing liquor? ☐ Yes ☐ No
- If Yes, describe: _____
7. Is alcohol consumption confined to a secured area? ☐ Yes ☐ No
- If No, describe: _____

Section 7: Sexual Abuse Liability

Check Here if Not Desired ☐

1. In the last 10 years, has any past or present employee or volunteer ever been involved in an allegation or claim relating to sexual misconduct and/or child abuse related offences? ☐ Yes ☐ No
2. Is any Officer, Director, Principal, Partner, Insurance Manager, Claim Manger, Risk manager or Human Resources Director of the applicant aware of any facts, incidents, circumstances, or allegations that may result in claims being made against you? ☐ Yes ☐ No
3. Are all employees, volunteers, and/or independent contractors required to complete abuse prevention training? ☐ Yes ☐ No
4. Have any of the applicant's employees, volunteers, or independent contractors been transferred because they were involved, suspected, or a complaint was made regarding an allegation of sexual misconduct? ☐ Yes ☐ No
5. In the past 5 years, have any employees, volunteers, or independent contractors been terminated for cause related to sexually abusive behavior? ☐ Yes ☐ No
6. Does your employment/volunteer application include questions regarding whether the individual has been convicted of any felony, including sexual misconduct and/or child abuse related offences? ☐ Yes ☐ No
7. Do you conduct criminal background and reference checks for all employees/volunteers? ☐ Yes ☐ No

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Section 8: Optional Coverages

1. Do you want coverage for Inland Marine (Property Coverage)? (separate supplement required) ☐ Yes ☐ No
2. Do you want coverage for Hired Auto/Non-Owned Auto? (separate supplement required) ☐ Yes ☐ No
3. Do you want coverage for Excess Liability? ☐ Yes ☐ No
4. Do you want coverage for Higher Medical Payments at \$10K? ☐ Yes ☐ No

Section 9: History/Claims:

1. Provide Insurance details for the last 5 years If None, Check Here ☐

<u>Insurer</u>	<u>Policy #</u>	<u>Liability Limits</u>	<u>Premium</u>	<u>Exp. Date</u>
2. Have you ever received a Non-Renewal Notice? If Yes, explain on separate sheet of paper ☐ Yes ☐ No
3. Have you had any prior losses or claims in the past 5 years? If Yes, explain on separate sheet of paper ☐ Yes ☐ No
4. Does the applicant have knowledge of an event, circumstance, or occurrence prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? If Yes, explain on separate sheet of paper ☐ Yes ☐ No

ATTESTATION

I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release the Company, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law. I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY

By signing below, I confirm under this policy: There will be appropriate warning signs in place adjacent to each ride; Operators will follow age and size restrictions for riders; There will be adequate daily supervisions; There will be daily inspections of rides by employees trained in that area; There will be routine maintenance performed regularly according to manufacturer's specifications.

Following must be included

- | | |
|--|---|
| <input type="checkbox"/> Minimum of 5 Years Loss History | <input type="checkbox"/> Site Diagram |
| <input type="checkbox"/> List of Additional Insureds Required and Relationship | <input type="checkbox"/> Attraction/Activities List |

APPLICANT SIGNATURE

TITLE

DATE

REQUESTED EFFECTIVE DATE

- ☐ I ELECT to purchase Terrorism coverage at an additional premium
- ☐ I DO NOT ELECT to purchase Terrorism coverage at an additional premium