

# AGRITAINMENT APPLICATION

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

NOTE: Please complete a separate application for EACH business location.

How long in business? \_\_\_\_\_ Is your business seasonal or annual?  Seasonal  Annual

If seasonal, provide the event dates and estimated number of people in attendance: \_\_\_\_\_

Do you have mobile or traveling operations?  Yes  No

If Yes, describe: \_\_\_\_\_

Annual gross receipts from all operations? \_\_\_\_\_

Annual gross receipts from all entertainment operations? \_\_\_\_\_

Provide a description of your operations? \_\_\_\_\_

If a working farm or ranch, do you have insurance for these operations?  Yes  No

Business operated as:  Corporation  LLC  Individual

Partnership - Please list names: \_\_\_\_\_

Are you in compliance with all city, county, state ordinances?  Yes  No

## SECTION I: ACTIVITIES

If this Section does not apply, Check Here

### Indicate Provided Activities

#### **Agricultural**

Pumpkin Patch  Apple / Pumpkin Cannons  Fishing

Farmers Markets  Pick-your-own Fruits and Vegetables

Mazes including "Corn Mazes" – if so, please answer the following:

How is the corn maze monitored (tower with vantage point or CCTV)? \_\_\_\_\_

Are tickets required for the corn maze and number of people being counted in and out of the maze?  Yes  No

Are there exits to allow patrons to escape without completing the corn maze?  Yes  No

Are there any actors chasing people in the maze? (Such as a Haunted Maze)  Yes  No

Other - not listed above: \_\_\_\_\_

#### **Events**

Holiday and Seasonal Events (such as Christmas Tree Farm, Easter Egg Hunt, etc.) – Please indicate below:

Drive-thru experiences (such as Christmas Lights)

Do participants remain in vehicles at all times?  Yes  No

# AGRITAINMENT APPLICATION

Fireworks / Pyrotechnics

If so, are you the responsible party? Please explain: \_\_\_\_\_

If not, will the responsible party provide you with an Additional Insured certificate of liability insurance? \_\_\_\_\_

Photographic services

Yes  No

Other - not listed above: \_\_\_\_\_

## Entertainment

Face Painting

Movie Nights (including drive-in)

Concession Stands

Fire Pits

Live Music

Other - not listed above: \_\_\_\_\_

## Children's Play Areas

Playgrounds

Corn / Sand Box

Sensory Bins

Children's soft play (48 inch max height and below only)

Farm-themed children's play areas or games

Bounce Houses / Inflatables / Jump Pillows or Pads If so, how many? \_\_\_\_\_

Are adults over 48 inches in height allowed on? \_\_\_\_\_

Yes  No

Is a professional attendant on site at all times? \_\_\_\_\_

Yes  No

How are they secured / anchored? Please explain: \_\_\_\_\_

Other - not listed above: \_\_\_\_\_

## Animals

Petting Zoos

Do you provide handwashing or sanitizing stations? \_\_\_\_\_

Yes  No

Describe fencing for how animals are contained (i.e. height, material, latching gate, etc.): \_\_\_\_\_

Animal Experiences (indicate type and #): \_\_\_\_\_

Are they operated by you? \_\_\_\_\_

Yes  No

Are they operated by a 3rd party and name you as an Additional Insured? \_\_\_\_\_

Yes  No

Any public interaction with these animals? \_\_\_\_\_

Yes  No

Any associated photography? \_\_\_\_\_

Yes  No

Pony Rides (indicate type and #): \_\_\_\_\_

Are all rides supervised and in a confined space? \_\_\_\_\_

Yes  No

Are all riders at least age 2? \_\_\_\_\_

Yes  No

Are all riders under the age of 5 required to be accompanied by a parent / guardian / adult? \_\_\_\_\_

Yes  No

Are horses / ponies led by an employee? \_\_\_\_\_

Yes  No

Other Animals - not listed above: \_\_\_\_\_

# AGRITAINMENT APPLICATION

## Organized Competitions

- Greasy Pig Races                       Sack Races                       Fun Runs  
 Bale Rolling                       Bubble Ball or Zorbing                       Carnival Games  
 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  
 Yard Games (i.e. Cornhole / Bag-Toss, Yard Jenga, Horse-Shoes, etc.) – Please indicate below:  
\_\_\_\_\_  
\_\_\_\_\_  
 Other - not listed above: \_\_\_\_\_

## Rides and Equipment

- Hayrides / Tractor pulls  
If so, what is the maximum speed? \_\_\_\_\_  
 Pedal Kart Tracks                       Trackless Trains                       Dunk Tanks  
 Bungee Trampolines  
 Mechanical Rides (indicate type and #)     Kiddie Rides \_\_\_\_\_     Family Rides \_\_\_\_\_  
Do you lease any attractions to others?                       N/A     Yes     No  
Do you lease rides from others?                       N/A     Yes     No  
 Other - not listed above: \_\_\_\_\_

## Target Shooting

- Paintball Target Practice                       Archery                       Cross Bow  
 Axe Throwing                       Laser Tag  
 Other - not listed above: \_\_\_\_\_

## Climbing – if any, provide pictures

- Rock Walls / Bouldering                       Hay Pyramids                       Rope Nets  
 Climbable Farmyard Equipment  
 Zip Lining  
How far is it off the ground? \_\_\_\_\_  
Are adults over 48 inches in height allowed on?                       Yes     No  
 Other - not listed above: \_\_\_\_\_

Please indicate any other (operations, activities, or events) not listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AGRITAINMENT APPLICATION

## SECTION II: FACILITY SETUP

If this Section does not apply, Check Here

1. Is the Premises:  Owned  Long Term Lease  Short Term Lease
2. Total acres OR approximate # of city blocks? \_\_\_\_\_
3. Is the Perimeter:  Fenced  Enclosed Hours of Operations (open to close): \_\_\_\_\_
4. Number of Employees: \_\_\_\_\_ Number of Independent Contractors: \_\_\_\_\_  
Number of Volunteers: \_\_\_\_\_
5. Do you allow others to use or rent your facility?  Yes  No
  - a. If Yes, do these other events carry their own insurance and name you as Additional Insured on that policy? \_\_\_\_\_
  - b. Please explain the nature of these events: \_\_\_\_\_  
\_\_\_\_\_
6. Do you use signage to keep visitors in or out of designated areas?  Yes  No
7. Do you have any water features?  Yes  No
  - a. Any Lakes or Ponds Accessible to the public?  Yes  No
  - b. If Yes, describe access and usage: \_\_\_\_\_

## SECTION III: LIVE ENTERTAINMENT

If this Section does not apply, Check Here

1. Do you have Live Entertainment?  Yes  No
  - a. If Yes, type: \_\_\_\_\_
2. Entertainment is:  Locally Known  Regionally Known  Nationally Known
3. Type of seating:  Bleachers  Other: \_\_\_\_\_  
If Bleachers:  Year Built: \_\_\_\_\_ Type:  Metal  Wood
4. Do you anticipate any material changes in the type(s) of entertainment performed at your event this year?  Yes  No
  - a. If Yes, explain: \_\_\_\_\_

## SECTION IV: LOSS CONTROL

1. Are all employees, volunteers and independent contractors trained on safety programs for all attractions and entire operations?  Yes  No
  1. 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
  - a. If No, please explain: \_\_\_\_\_
4. Do you have to cross a public road to get to the parking lot?  Yes  No
  - a. If Yes, who is monitoring this? \_\_\_\_\_
5. Does your event / premises comply with local and national fire and life safety codes?  Yes  No
6. Are you in compliance with CDC / Health Department guidelines?  Yes  No
7. Who provides security for this facility during operating times?  
 City  County  State  Employees / Volunteers / Independent Contractors  3<sup>rd</sup> Party Security Guard Firm
  - a. If you use a 3<sup>rd</sup> party security guard firm, do they carry their own insurance including Assault and Battery and name you as an Additional Insured?  Yes  No
  - b. If armed, do they comply with all state and local laws?  Yes  No
8. Do all attractions have proper signage marking height / age restrictions?  N/A  Yes  No

# AGRITAINMENT APPLICATION

9. Do you keep maintenance logs and pre-operation inspection reports on all equipment used by the public?  Yes  No
10. Are you periodically audited by a 3rd party to ensure compliance with manufacturer's recommendations – for all equipment?  N/A  Yes  No
11. Does each mechanical attraction have an 'emergency shut down' function?  N/A  Yes  No
12. Do attendants supervise all attractions?  Yes  No
- a. Are all attendants 18 years and over?  Yes  No
- b. If No, please explain when you would use someone younger: \_\_\_\_\_

## Emergency Response

13. Do you have written medical emergency and incident procedures?  Yes  No
14. Are employees / volunteers / independent contractors provided medical emergency response training?  Yes  No
15. Are trained medical personnel on premises?  Yes  No
16. Do you have a written emergency evacuation plan?  Yes  No
17. Are employees / volunteers / independent contractors provided emergency evacuation training?  Yes  No

## **SECTION V: FOOD**

If this Section does not apply, Check Here

1. Do you or a 3<sup>rd</sup> party company provide food?  Yes  No
- a. Do all 3<sup>rd</sup> party food vendors carry a business license or sellers permit and general liability insurance?  Yes  No
2. Do all food vendors' employees have ServSafe Certification or similar food handlers permit?  Yes  No

## **SECTION VI: TRANSPORTATION**

If this Section does not apply, Check Here

1. What types of on-site transportation do you use?
- Shuttle  Golf carts  ATV / UTV  Bus  Tractor  Other
- a. If other, please indicate: \_\_\_\_\_
- b. If using ATV / UTVs / Golf carts, please describe the purpose: \_\_\_\_\_
- c. How many total ATV / UTVs / Golf carts: \_\_\_\_\_
2. Who will be operating these? (choose all that apply)
- Employees  Volunteers  Independent Contractors  Guests

## **SECTION VII: OPTIONAL COVERAGE - LIQUOR LIABILITY**

If this Section does not apply, Check Here

1. Do you provide alcohol at your location?  Yes  No
- a. If Yes, type:  Open Bar  Complimentary  Sold by the Glass / Bottle Average \$ per Drink: \_\_\_\_\_
2. Will alcohol be dispensed by a professional bartender?  Yes  No
- a. If No, describe how and by whom, alcohol will be dispensed: \_\_\_\_\_
3. Describe training, experience and/or 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 your operation?  Yes  No
- a. If Yes, are you licensed?  Yes  No

# AGRITAINMENT APPLICATION

6. Have you received any fines or citations in the last 5 years related to selling or providing alcohol?  Yes  No  
a. If Yes, describe: \_\_\_\_\_
7. Is alcohol consumption confined to a secured area?  Yes  No  
a. If No, describe: \_\_\_\_\_
8. What liquor liability limit is requested?  \$100,000  Other \_\_\_\_\_

## SECTION VIII: OPTIONAL COVERAGE - HIRED AND NON-OWNED AUTO

If this Section does not apply, Check Here

1. Do you need the following coverage?  Non-Owned Auto  Hired Auto  Both  
If so, please answer questions a-h:
- a. Do you currently have a commercial auto policy?  Yes  No
- b. Do you have a contractual requirement to carry Hired Auto?  Yes  No
- c. Under which circumstances do the employees use their personal vehicles?  
\_\_\_\_\_
- d. Approximate combined number of Non-Owned Auto trips annually?  Under 10  11 – 50  50 +
- e. Approximate combine number of Hired Auto trips annually?  Under 10  11 – 50  50 +
- f. Do you require your employees to carry their own insurance, with at least state minimum requirements, and obtain proof of insurance before you authorize them to use their own auto on company business?  Yes  No
- g. Do you obtain Motor Vehicle Records of employees before you authorize them to use their own auto on company business?  Yes  No
- h. Does anyone driving for this company have a DUI / DWI or Reckless Driving Violation on their Motor Vehicle Record?  Yes  No

## SECTION IX: OPTIONAL COVERAGE - SEXUAL ABUSE

If this Section does not apply, Check Here

1. Are all employees, volunteers, and/or independent contractors required to complete abuse prevention training?  Yes  No
2. Does your employment / volunteer application include questions regarding whether the individual has been convicted any felony, including sexual misconduct and/or child abuse related offences?  Yes  No
3. Do you conduct criminal background and reference checks for all employees / volunteers?  Yes  No

## SECTION X: ADDITIONAL INSURED

If this Section does not apply, Check Here

1. Are you required to name any other person or entity as an Additional Insured on your Policy?  Yes  No  
a. If Yes, please provide Name and Address: \_\_\_\_\_  
\_\_\_\_\_ Business Location #: \_\_\_\_\_
2. What is the interest of the Additional Insured?  Landlord  City or Government Agency  Lessor of Leased Equipment  
 Other: \_\_\_\_\_
3. Does the Additional Insured require the following:  Primary / Non-Contributory Wording  Waiver of Subrogation

# AGRITAINMENT APPLICATION

## SECTION XI: HISTORY / CLAIMS

Provide Insurance details for the last 5 years

If None, Check Here

Insurer

Policy #

Liability Limits

Premium

Exp. Date

Have you had any prior losses or claims in the past 5 years? *If Yes, explain on separate sheet of paper*

Yes  No

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

On Behalf of ALL Operations, I confirm:

1. No insurance will be offered for any operations / activities unless specifically endorsed on to the policy and a premium is paid.
2. I understand and agree this Application and any supplements attached hereto will be relied upon for the insurance policy.
3. I understand and agree that failure to provide true and accurate response to the forgoing questions may result in the voiding of the insurance issued in reliance on this application and/or denial of claims under the policy issued.
4. I authorize and consent to investigation of information 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.
5. If I am aware of any claim or incident arising from any time prior to today, I must advise underwriters at this time.
6. The liability policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.
7. 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

(For a full list of terms and conditions, consult the policy forms)

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS PRIOR TO BINDING (60 DAYS FOR RENEWALS).  
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.  
COVERAGE BECOMES EFFECTIVE WHEN REVIEWED AND ACCEPTED BY THE INSURANCE COMPANY.

### Following must be included

5 Years Loss History       Site Diagram       Full Attractions / Activities List

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

I ELECT to purchase Terrorism coverage at an additional 10% premium plus tax

I DO NOT ELECT to purchase Terrorism coverage