

II. LIABILITY (Occurrence)

General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Fire Damage (any one fire)	\$ _____
Medical Expense (any one person)	\$ _____

SCHEDULE OF EXPOSURES

CLASS CODE

PREMIUM BASIS
(a) area (s) sales (t) attendance

FAIRS (OPERATOR'S RISK)

Fairs (operator's risk)	43518	s

FAIRGROUND (NON-OPERATING SEASON)

Fairground (non-operating)	43517	t

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS

No.	Name and Address	Interest

III. CRIME

- () Blanket Employee Dishonesty Amt. \$ _____
- () Forgery or Alteration Amt. \$ _____
- () Theft, Disappearance & Destruction
 - a. Inside the premises Amt. \$ _____
 - b. Outside the premises Amt. \$ _____

IV. INLAND MARINE

- () Signs
 - Location _____ Amt. \$ _____
 - Location _____ Amt. \$ _____
 - Location _____ Amt. \$ _____

- () Mobile Equipment

Description	Coverage		Co-insurance
	Basic or Special	Ded.	
_____		\$ _____	% _____
_____		\$ _____	% _____
_____		\$ _____	% _____
_____		\$ _____	% _____

V. COMMERCIAL UMBRELLA

Please complete and attach Acord Application

Please answer the following questions:

1. Fair dates this year _____ through _____ Number of days _____
2. Total fair attendance last year _____
Estimated attendance this year _____
3. Are fireworks displayed on premises? _____ Yes _____ No
If so, Explain _____
4. Is there Auto racing on the premises? _____ Yes _____ No
If so, Explain _____
5. Are there Demolition Derbies on premises? _____ Yes _____ No
If so, Explain _____
6. Are there Tractor Pulls on the premises? _____ Yes _____ No
If so, Explain _____
7. Are there Auto Stunt shows on premises? _____ Yes _____ No
If so, Explain _____
8. Is there a Wheel catch fence installed on tracks? _____ Yes _____ No
9. Is fairground premises fenced and locked when not in operation? _____ Yes _____ No

LOSS HISTORY

Date of Occurrence	Line	Description of Claim	Date of Claim	Amt. Paid	Amount Reserve	Claim Status
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____

I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL OF THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE AND THAT THESE STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO ISSUE THE POLICY FOR WHICH I AM APPLYING. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND THE INSURANCE COMPANY.

Producer's Signature _____

Date: _____

Applicant's Signature _____

Date: _____