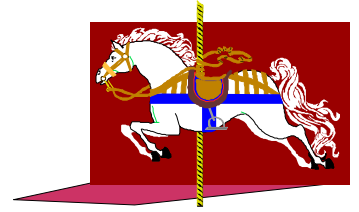




GRAIN INSURANCE & GUARANTEE COMPANY



APPLICATION FOR CARNIVAL LIABILITY INSURANCE

Named Insured: _____ Website: _____

Contact Name & Phone # (For Inspection Purposes): _____

Mailing Address: _____

Policy Term: From _____ To: _____

Liability Limit Required: \$ _____ Inclusive Desired Deductible: \$ _____

Underwriting Information

What year did the operation commence? _____ Number of years under present management: _____

Length of normal operating season: From: _____ To: _____

List Provinces operated in: _____

Does the Insured operate outside of Canada? _____ If "Yes", where & how often? _____

Please confirm that all provincial licensing/inspections recommendations have been complied with. _____

Does the Insured contract rides owned by other operators? _____ If "Yes" please advise the following;

Name of the outside operator: _____

List of contracted rides: _____

Do outside operators carry their own liability insurance? _____

Is evidence of liability coverage obtained from outside operators? _____

What are the Insured's annual gross receipts from booked in rides? \$ _____

Please provide Certificate of Insurance if liability coverage is provided.

Claims Loss/History for Last 5 years

<u>Date</u>	<u>Cause</u>	<u>Amount</u>	<u>Insurer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grain Insurance & Guarantee Company
CARNIVAL LIABILITY APPLICATION - Page 2

Previous Insurer: _____ Expiring Premium: _____

Has any insurance company canceled or refused to renew the insurance for this operation? _____

If "Yes" please provide the name of the insurance company and the reasons: _____

Gross Receipts

	<u>Actual Last Year</u>	<u>Anticipated Coming Year</u>
Gate Receipts	\$ _____	\$ _____
Ride Receipts	\$ _____	\$ _____
Games	\$ _____	\$ _____
Food & Novelties	\$ _____	\$ _____
Beer & Liquor	\$ _____	\$ _____
Other (Describe)	\$ _____	\$ _____
Total Receipts	\$ _____	\$ _____

Schedule of Events (LIST IS REQUIRED PRIOR TO BINDING COVERAGE)

<u>Dates</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use additional paper if required.

Schedule of Attractions.

Please list all rides, games and shows.

<u>Year Built</u>	<u>Name of Major Ride</u>	<u>Manufacturer & Serial #</u>	<u>Value Amount</u> (If Required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Year Built</u>	<u>Name of Kiddies' Ride</u>	<u>Manufacturer & Serial #</u>	<u>Value Amount</u> (If Required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List of Food Concessions

List of Game & Novelty Concessions

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses.

- for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now)
- for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

**This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract.
The total estimated policy premium is subject to adjustment.**

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO APPLICANT	DATE

Broker Recommendation

New business to this office. Currently insured through this office.
If currently insured through this office, why is account being re-marketed?

Is applicant known to selling broker? Yes No If Yes, how long? _____ years.

Has marketing broker seen this risk? Yes No

If Yes, condition of risk? excellent good average fair poor

Financial situation of applicant: not known

excellent good average fair poor

Marketing broker's overall opinion of risk: excellent good average fair poor

Completed by: _____

Agency / Brokerage: _____