



**APPLICATION FOR CARNIVAL LIABILITY INSURANCE**  
**ALL QUESTIONS MUST BE COMPLETED**

1. Name of Broker: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
3. Name of Insured: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Website: \_\_\_\_\_
6. Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_
7. Liability Coverage Required: \$ \_\_\_\_\_ Reimbursement Clause: \$ \_\_\_\_\_

**UNDERWRITING INFORMATION**

8. Year operation commenced? \_\_\_\_\_ Number of years under present management? \_\_\_\_\_
9. If this is a new venture, indicate prior experience of owner / operator: \_\_\_\_\_  
\_\_\_\_\_
10. Length of Normal Operating Season From: \_\_\_\_\_ To: \_\_\_\_\_
11. List the provinces operated in: \_\_\_\_\_
12. Are there any operations outside of Canada?  Yes  No  
If Yes, describe and indicate insurance provider for operations outside of Canada: \_\_\_\_\_  
\_\_\_\_\_
13. Have all provincial licensing, inspections and recommendations been complied with? Provide details and attach relevant certificates or documentation. \_\_\_\_\_  
\_\_\_\_\_
14. a) Does the Insured contract amusement devices or concessions owned by other operators?  Yes  No  
If Yes, Please list the sub-contractor(s) and unit(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Are all sub-contractors required to carry their own liability insurance and provide evidence of insurance?  Yes  No
- c) What is the minimum limit required? \$ \_\_\_\_\_
- d) How long are certificates kept on file? \_\_\_\_\_
- e) What are the annual gross receipts generated by the sub-contracted ride operators? \$ \_\_\_\_\_
8. Will the operator ever include fireworks / pyrotechnics displays?  Yes  No
  - a) If Yes, who handles the display? \_\_\_\_\_
  - b) If Yes, Evidence of liability insurance from fireworks / pyrotechnics operator must be provided along with this application.

**OFF SEASON STORAGE AND REPAIR LOCATION**

- 1) Location: \_\_\_\_\_
- 2) Building Construction: Height: \_\_\_\_\_ Story(ies) Walls: \_\_\_\_\_  
Roof: \_\_\_\_\_  
Floor: \_\_\_\_\_  
Total Area: \_\_\_\_\_  square meters  square feet  
Age: \_\_\_\_\_ *See item 5 if over 30 years old.*
- 3) Heating:  natural gas  LP gas  oil  electric  forced air  hot water  steam  radiant  
Details: \_\_\_\_\_



**SCHEDULE OF ATTRACTIONS**

List ALL rides, games, concessions and shows. Indicate actual cash values for items that are to be covered under a Miscellaneous Property Floater.

**Amusement Devices that we do not write:**

- |                        |                            |                                  |
|------------------------|----------------------------|----------------------------------|
| Climbing Walls         | Large Titanic slides       | Bungee / Reverse Bungee rides    |
| Skateboard / BMX Ramps | Combative Inflatable Units | Portable Laser Tag               |
| Trampolines            | Portable Paintball         | Extreme Rides (ie: Drop of Doom) |

Name of Major Rides:	Year Built	Manufacturer & Serial #	Value amount (if property coverage is required)	Last Inspected

Name of Kiddie Rides:	Year Built	Manufacturer & Serial #	Value amount (if property coverage is required)	Last Inspected

Food Concessions	Details including Manufacturer and age	Deep fat fryer, extinguishing system details*	Value Amount (if property coverage is required)

*\*Food Concessions with a deep fat fryer must have a wet chemical extinguishing system in place.*

Game & Novelty Concessions	Details including manufacturer and age	Value Amount (if property coverage is required)

Stick Joints	Details	Value Amount (if property coverage is required)

**CLAIMS, LOSS AND INCIDENT HISTORY FOR THE PAST 10 YEARS ( attach a supplement page if required)**

Date	Cause	Amount Paid or Reserved (including fees)	Deductible or Reimbursement	Insurer

Previous Insurer: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Has any company declined or cancelled any coverage?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

**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 submitting broker's office.  Currently insured through submitting broker's office. Expiry Date: \_\_\_\_\_

If currently insured through your office, why is account being remarketed?

Is applicant known to selling broker?  Yes  No If yes, how long? \_\_\_\_\_ Years  
 Completed By: \_\_\_\_\_ Agency/ Brokerage: \_\_\_\_\_