

Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068
(602) 992-1570 FAX (602) 992-8327

PETTING ZOO APPLICATION

Applicant's Business Name: _____

Limit Requested: \$ _____ Deductible Requested \$ _____ Per Claim

Policy Period Requested: _____ to _____

Applicant is: Carnival Independent Ride Operator Concessionaire Circus

GENERAL INFORMATION: (explain all "yes" responses) For all Past or Present Operations:

1. Gross Receipts \$ _____
2. States operating in? _____
3. If Concessionaire or Independent Ride Operator, with whom do you travel? _____

4. Any medical facilities or doctors employed/contracted? Yes No

5. Machinery or equipment loaned or rented to others ? Yes No

6. Any Audience participation or photos with animals? Yes No

7. Is any alcohol served or allowed on the premises? Yes No

If yes, gross receipts? _____

PLEASE INCLUDE THE FOLLOWING: Route Schedule Photos Hold Harmless, if any Photos of Bleachers

SCHEDULE OF EXPOSURES

I. Schedule of Acts, Attractions and Rides

(Including Petting Zoos, Animal Rides &/or Displays)

Manufacturer

Serial

Number

<u>(Including Petting Zoos, Animal Rides &/or Displays)</u>	<u>Manufacturer</u>	<u>Serial</u> <u>Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Concessions

No.

Type

Owned

Booked

<u>No.</u>	<u>Type</u>	<u>Owned</u>	<u>Booked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the information provided herein is true and correct. I understand that this application and supplement will become a part of the policy and that any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant

Date Signed

Signature of Agent

Date Signed