

T.H.E. INSURANCE COMPANY

10451 Gulf Boulevard
Treasure Island, FL 33706-4814

Carnival Supplement

Applicant's Business Name: _____

Shop Facility & Storage Address: _____

Limit Request: _____

Policy Period Requested: _____ to _____

Applicant is: Carnival Independent Ride Operator Concessionaire

GENERAL INFORMATION:

Gross Receipts: _____

States Operating in? _____

If Concessionaire or Independent Ride Operator, with whom do you travel? _____

Any Medical facilities provided or doctors employed/contracted? yes no

Machinery or Equipment loaned or rented to others? yes no

Show owned Games? yes no How many? _____

Show owned Food Units? yes no How many? _____

Average number of booked in Games? _____

Average number of booked in Food Units? _____

Do you require Independent Concessionaires and Ride Operators to provide their own insurance? yes no

If yes, do they provide you with certificates of insurance? yes no

Do you require Drug testing or employees? yes no

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

SCHEDULE OF EXPOSURES

RIDES AND MECHANICAL ATTRACTIONS

(Include at end of list all Shows/Back End Pieces and Concessions indicating whether owned or booked)

<u>Name</u>	<u>Manufacturer</u>	<u>Serial Number</u>	<u>Owned/Booked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Winter Quarters Premises Food Products

MOBILE EQUIPMENT

(golf carts, mopeds, fork lifts, etc.)

<u>Name</u>	<u>Manufacturer</u>	<u>Serial Number</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 any misrepresentation of facts provided herein may cause the policy to be cancelled or coverage to be denied.

Signature of Applicant Date Signed

