

**T.H.E. INSURANCE COMPANY**

10451 Gulf Boulevard  
Treasure Island, FL 33706

**CIRCUS SUPPLEMENT**

New

Renewal

Applicant's Business Name: \_\_\_\_\_

Policy Period requested \_\_\_\_\_ to \_\_\_\_\_  Claims Made  Occurrence

Limit Requested:\$ \_\_\_\_\_ Deductible Requested \$ \_\_\_\_\_ per claim (BI & PD Combined)

Applicant is:  Carnival  Independent Ride Operator  Concessionaire  Circus

**GENERAL INFORMATION**

Gross Receipts: \$ \_\_\_\_\_

States operating in: \_\_\_\_\_

If Concessionaire or Independent Ride Operator, with who do you travel? \_\_\_\_\_

Any medical facilities provided or doctors employed/contracted?  Yes  No

If yes, please explain: \_\_\_\_\_

Machinery or equipment loaned or rented to others?  Yes  No

If yes, please explain: \_\_\_\_\_

Any audience participation, or photos with animals?  Yes  No

If yes, please explain: \_\_\_\_\_

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

If yes, please gross receipts: \_\_\_\_\_

**Please include the following:**  Route Schedule  Photos  Hold Harmless, if any  Photos of bleachers

**SCHEDULE OF EXPOSURES**

**Schedule of Acts, Attractions and Rides**

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

Manufacturer

Serial Number

| (Including Petting Zoos, Animal Rides and/or Displays) | Manufacturer | Serial Number |
|--|--------------|---------------|
|  |              |               |
|  |              |               |
|  |              |               |
|  |              |               |
|  |              |               |
|  |              |               |

Circus Tents  Yes  No # of \_\_\_\_\_ Sizes: \_\_\_\_\_

**Concessions**

Number Type Owned Booked

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Winter Quarter Premises

Food Products

**ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS**

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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