



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

How to Submit Application

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

What to Expect Next?

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:
415.475.4300
877.655.0123

Submissions: submissions@ppibcorp.com

FAX:
415.475.4303

Let's Get Started

Fill Out Application on Next Page



AGRITAINMENT APPLICATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Website: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Type of Facility: _____

NOTE: Please complete a separate application for EACH business location.

How long in business? _____ Is your business seasonal or annual? Seasonal Annual

If seasonal, provide the event dates and estimated number of people in attendance: _____

Do you have mobile or traveling operations? Yes No

If Yes, describe: _____

Annual gross receipts from all operations? _____

Annual gross receipts from all entertainment operations? _____

Provide a description of your operations? _____

If a working farm or ranch, do you have insurance for these operations? Yes No

Business operated as: Corporation LLC Individual

Partnership - Please list names: _____

Are you in compliance with all city, county, state ordinances? Yes No

SECTION I: ACTIVITIES

If this Section does not apply, Check Here

Indicate Provided Activities

Agricultural

Pumpkin Patch Apple / Pumpkin Cannons Fishing

Farmers Markets Pick-your-own Fruits and Vegetables

Mazes including "Corn Mazes" – if so, please answer the following:

How is the corn maze monitored (tower with vantage point or CCTV)? _____

Are tickets required for the corn maze and number of people being counted in and out of the maze? Yes No

Are there exits to allow patrons to escape without completing the corn maze? Yes No

Are there any actors chasing people in the maze? (Such as a Haunted Maze) Yes No

Other - not listed above: _____

Events

Holiday and Seasonal Events (such as Christmas Tree Farm, Easter Egg Hunt, etc.) – Please indicate below:

Drive-thru experiences (such as Christmas Lights)

Do participants remain in vehicles at all times? Yes No

AGRITAINMENT APPLICATION

Fireworks / Pyrotechnics

If so, are you the responsible party? Please explain: _____

If not, will the responsible party provide you with an Additional Insured certificate of liability insurance? _____

Photographic services

Yes No

Other - not listed above: _____

Entertainment

Face Painting

Movie Nights (including drive-in)

Concession Stands

Fire Pits

Live Music

Other - not listed above: _____

Children's Play Areas

Playgrounds

Corn / Sand Box

Sensory Bins

Children's soft play (48 inch max height and below only)

Farm-themed children's play areas or games

Bounce Houses / Inflatables / Jump Pillows or Pads If so, how many? _____

Are adults over 48 inches in height allowed on? _____

Yes No

Is a professional attendant on site at all times? _____

Yes No

How are they secured / anchored? Please explain: _____

Other - not listed above: _____

Animals

Petting Zoos

Do you provide handwashing or sanitizing stations? _____

Yes No

Describe fencing for how animals are contained (i.e. height, material, latching gate, etc.): _____

Animal Experiences (indicate type and #): _____

Are they operated by you? _____

Yes No

Are they operated by a 3rd party and name you as an Additional Insured? _____

Yes No

Any public interaction with these animals? _____

Yes No

Any associated photography? _____

Yes No

Pony Rides (indicate type and #): _____

Are all rides supervised and in a confined space? _____

Yes No

Are all riders at least age 2? _____

Yes No

Are all riders under the age of 5 required to be accompanied by a parent / guardian / adult? _____

Yes No

Are horses / ponies led by an employee? _____

Yes No

Other Animals - not listed above: _____

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Organized Competitions

- Greasy Pig Races Sack Races Fun Runs
- Bale Rolling Bubble Ball or Zorbing Carnival Games
- Athletic / Sports Activities (indicate type): _____
- Maximum Number of participants in any one activity? _____
- Are waivers obtained or included in participant registration forms for events requiring entry registration and fee? Yes No
- Yard Games (i.e. Cornhole / Bag-Toss, Yard Jenga, Horse-Shoes, etc.) – Please indicate below:
- _____
- _____
- Other - not listed above: _____

Rides and Equipment

- Hayrides / Tractor pulls
If so, what is the maximum speed? _____
- Pedal Kart Tracks Trackless Trains Dunk Tanks
- Bungee Trampolines
- Mechanical Rides (indicate type and #) Kiddie Rides _____ Family Rides _____
- Do you lease any attractions to others? N/A Yes No
- Do you lease rides from others? N/A Yes No
- Other - not listed above: _____

Target Shooting

- Paintball Target Practice Archery Cross Bow
- Axe Throwing Laser Tag
- Other - not listed above: _____

Climbing – if any, provide pictures

- Rock Walls / Bouldering Hay Pyramids Rope Nets
- Climbable Farmyard Equipment
- Zip Lining
How far is it off the ground? _____
- Are adults over 48 inches in height allowed on? Yes No
- Other - not listed above: _____

Please indicate any other (operations, activities, or events) not listed above:

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SECTION II: FACILITY SETUP

If this Section does not apply, Check Here

1. Is the Premises: Owned Long Term Lease Short Term Lease
2. Total acres OR approximate # of city blocks? _____
3. Is the Perimeter: Fenced Enclosed Hours of Operations (open to close): _____
4. Number of Employees: _____ Number of Independent Contractors: _____
Number of Volunteers: _____
5. Do you allow others to use or rent your facility? Yes No
 - a. If Yes, do these other events carry their own insurance and name you as Additional Insured on that policy? _____
 - b. Please explain the nature of these events: _____

6. Do you use signage to keep visitors in or out of designated areas? Yes No
7. Do you have any water features? Yes No
 - a. Any Lakes or Ponds Accessible to the public? Yes No
 - b. If Yes, describe access and usage: _____

SECTION III: LIVE ENTERTAINMENT

If this Section does not apply, Check Here

1. Do you have Live Entertainment? Yes No
 - a. If Yes, type: _____
2. Entertainment is: Locally Known Regionally Known Nationally Known
3. Type of seating: Bleachers Other: _____
If Bleachers: Year Built: _____ Type: Metal Wood
4. Do you anticipate any material changes in the type(s) of entertainment performed at your event this year? Yes No
 - a. If Yes, explain: _____

SECTION IV: LOSS CONTROL

1. Are all employees, volunteers and independent contractors trained on safety programs for all attractions and entire operations? Yes No
 1. If No, provide details: _____
2. Is there a daily check of premises for potential hazards? Yes No
3. Are traffic patterns in parking areas clearly marked? Yes No
 - a. If No, please explain: _____
4. Do you have to cross a public road to get to the parking lot? Yes No
 - a. If Yes, who is monitoring this? _____
5. Does your event / premises comply with local and national fire and life safety codes? Yes No
6. Are you in compliance with CDC / Health Department guidelines? Yes No
7. Who provides security for this facility during operating times?
 City County State Employees / Volunteers / Independent Contractors 3rd Party Security Guard Firm
 - a. If you use a 3rd party security guard firm, do they carry their own insurance including Assault and Battery and name you as an Additional Insured? Yes No
 - b. If armed, do they comply with all state and local laws? Yes No
8. Do all attractions have proper signage marking height / age restrictions? N/A Yes No

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9. Do you keep maintenance logs and pre-operation inspection reports on all equipment used by the public? Yes No
10. Are you periodically audited by a 3rd party to ensure compliance with manufacturer's recommendations – for all equipment? N/A Yes No
11. Does each mechanical attraction have an 'emergency shut down' function? N/A Yes No
12. Do attendants supervise all attractions? Yes No
- a. Are all attendants 18 years and over? Yes No
- b. If No, please explain when you would use someone younger: _____

Emergency Response

13. Do you have written medical emergency and incident procedures? Yes No
14. Are employees / volunteers / independent contractors provided medical emergency response training? Yes No
15. Are trained medical personnel on premises? Yes No
16. Do you have a written emergency evacuation plan? Yes No
17. Are employees / volunteers / independent contractors provided emergency evacuation training? Yes No

SECTION V: FOOD

If this Section does not apply, Check Here

1. Do you or a 3rd party company provide food? Yes No
- a. Do all 3rd party food vendors carry a business license or sellers permit and general liability insurance? Yes No
2. Do all food vendors' employees have ServSafe Certification or similar food handlers permit? Yes No

SECTION VI: TRANSPORTATION

If this Section does not apply, Check Here

1. What types of on-site transportation do you use?
- Shuttle Golf carts ATV / UTV Bus Tractor Other
- a. If other, please indicate: _____
- b. If using ATV / UTVs / Golf carts, please describe the purpose: _____
- c. How many total ATV / UTVs / Golf carts: _____
2. Who will be operating these? (choose all that apply)
- Employees Volunteers Independent Contractors Guests

SECTION VII: OPTIONAL COVERAGE - LIQUOR LIABILITY

If this Section does not apply, Check Here

1. Do you provide alcohol at your location? Yes No
- a. If Yes, type: Open Bar Complimentary Sold by the Glass / Bottle Average \$ per Drink: _____
2. Will alcohol be dispensed by a professional bartender? Yes No
- a. If No, describe how and by whom, alcohol will be dispensed: _____
3. Describe training, experience and/or certification of persons serving alcohol: _____
4. What measures are in place to prevent service of alcohol to minors and/or intoxicated persons? _____
5. Is a liquor license required for your operation? Yes No
- a. If Yes, are you licensed? Yes No

AGRITAINMENT APPLICATION

6. Have you received any fines or citations in the last 5 years related to selling or providing alcohol? Yes No
a. If Yes, describe: _____
7. Is alcohol consumption confined to a secured area? Yes No
a. If No, describe: _____
8. What liquor liability limit is requested? \$100,000 Other _____

SECTION VIII: OPTIONAL COVERAGE - HIRED AND NON-OWNED AUTO

If this Section does not apply, Check Here

1. Do you need the following coverage? Non-Owned Auto Hired Auto Both
If so, please answer questions a-h:
- a. Do you currently have a commercial auto policy? Yes No
- b. Do you have a contractual requirement to carry Hired Auto? Yes No
- c. Under which circumstances do the employees use their personal vehicles?

- d. Approximate combined number of Non-Owned Auto trips annually? Under 10 11 – 50 50 +
- e. Approximate combine number of Hired Auto trips annually? Under 10 11 – 50 50 +
- f. Do you require your employees to carry their own insurance, with at least state minimum requirements, and obtain proof of insurance before you authorize them to use their own auto on company business? Yes No
- g. Do you obtain Motor Vehicle Records of employees before you authorize them to use their own auto on company business? Yes No
- h. Does anyone driving for this company have a DUI / DWI or Reckless Driving Violation on their Motor Vehicle Record? Yes No

SECTION IX: OPTIONAL COVERAGE - SEXUAL ABUSE

If this Section does not apply, Check Here

1. Are all employees, volunteers, and/or independent contractors required to complete abuse prevention training? Yes No
2. Does your employment / volunteer application include questions regarding whether the individual has been convicted any felony, including sexual misconduct and/or child abuse related offences? Yes No
3. Do you conduct criminal background and reference checks for all employees / volunteers? Yes No

SECTION X: ADDITIONAL INSURED

If this Section does not apply, Check Here

1. Are you required to name any other person or entity as an Additional Insured on your Policy? Yes No
a. If Yes, please provide Name and Address: _____
_____ Business Location #: _____
2. What is the interest of the Additional Insured? Landlord City or Government Agency Lessor of Leased Equipment
 Other: _____
3. Does the Additional Insured require the following: Primary / Non-Contributory Wording Waiver of Subrogation

AGRITAINMENT APPLICATION

SECTION XI: HISTORY / CLAIMS

Provide Insurance details for the last 5 years

If None, Check Here

Insurer

Policy #

Liability Limits

Premium

Exp. Date

Have you had any prior losses or claims in the past 5 years? *If Yes, explain on separate sheet of paper*

Yes No

Does the applicant have knowledge of an event, circumstance or occurrence prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? *If Yes, explain on separate sheet of paper*

Yes No

ATTESTATION

On Behalf of ALL Operations, I confirm:

1. No insurance will be offered for any operations / activities unless specifically endorsed on to the policy and a premium is paid.
2. I understand and agree this Application and any supplements attached hereto will be relied upon for the insurance policy.
3. I understand and agree that failure to provide true and accurate response to the forgoing questions may result in the voiding of the insurance issued in reliance on this application and/or denial of claims under the policy issued.
4. I authorize and consent to investigation of information of my business including authorization to every person or entity, public or private, to release the company, any documents, records or other information bearing upon the foregoing. I understand and agree these investigations shall not be confined to information submitted in this application but shall include any other sources of information deemed relevant by the Company as may be authorized by law.
5. If I am aware of any claim or incident arising from any time prior to today, I must advise underwriters at this time.
6. The liability policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.
7. This insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund

(For a full list of terms and conditions, consult the policy forms)

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS PRIOR TO BINDING (60 DAYS FOR RENEWALS).
SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.
COVERAGE BECOMES EFFECTIVE WHEN REVIEWED AND ACCEPTED BY THE INSURANCE COMPANY.

Following must be included

5 Years Loss History Site Diagram Full Attractions / Activities List

APPLICANT SIGNATURE

TITLE

DATE

REQUESTED EFFECTIVE DATE

I ELECT to purchase Terrorism coverage at an additional 10% premium plus tax

I DO NOT ELECT to purchase Terrorism coverage