

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

10451 Gulf Boulevard  
Treasure Island, FL 33706

**PETTING ZOO SUPPLEMENT**

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

Limit Requested: \$ \_\_\_\_\_

Policy Period Requested: \_\_\_\_\_ to \_\_\_\_\_

Applicant is  Individual  Corporation  Joint Venture  Other \_\_\_\_\_

**GENERAL INFORMATION:**

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

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

With whom do you travel? \_\_\_\_\_

Are animals fenced?  Yes  No

If yes, are patrons allowed in with animals or do they feed through fence? \_\_\_\_\_

Hand washing facility  Yes  No

Any medical facilities or doctors employed/contracted?  Yes  No

Machinery or equipment loaned or rented to others?  Yes  No

Any audience participation or photos with animals  Yes  No

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**

**Schedule of Animals, Acts, Attractions and Rides**

Description	Manufacturer	Serial Number

**Concessions**

No.	Type	Owned	Booked

Winter Quarter Premises

Food Products

I hereby certify that the information 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