



HAUNTED HOUSE INSURANCE APPLICATION

GENERAL INFORMATION

1. Named Insured (Applicant): _____
2. a. Address: _____
 City: _____ State: _____ Zip: _____
- b. Describe Applicant's role & responsibility in event: _____

3. Phone: _____ Fax: _____ E-mail: _____

4.

Additional Insured Name	Address	Interest In Event

5. a. Full schedule/description and purpose of event (**Attach copy of brochure and/or flyer to this application**)

- b. Is this part of a larger function? Yes No If "Yes," describe: _____
- c. Is there an admission charge? Yes No If "Yes," cost of admission per person: _____

6. a. Dates of event: From: ____/____/____ To: ____/____/____
- b. Desired coverage dates: From: ____/____/____ To: ____/____/____
- c. If event date(s) differ(s) from desired coverage date(s), explain: _____

- d. Hours of Event: **From:** _____ am/pm **To:** _____ am/pm If Hours vary by Date, describe:

7. Location of event (Name and address) _____
 Location is: Private Residence Liquor-Licensed Establishment Indoors
 Convention Center Stadium Outdoors
 Arena Fair Grounds Other _____

Attach a diagram of location. If event is held outdoors, indicate fencing, adjacent building, and landscape features.

8. ESTIMATED ATTENDANCE **PER DAY** _____ **TOTAL** _____ Average age of attendees: _____
 Maximum Capacity of facility _____ Attendance is: by Invitation Only Open to the Public
9. Policy Experience: Number of years event has been previously held: _____
 Actual total attendance for **Prior Year's** event: _____

10. Premium/Loss Information:

Policy Year	20____	20____	20____
Total Premium			
Carrier & Policy #			
Total # of Claims			
Total \$ Paid/Reserved			

11. Has any insurance carrier cancelled or refused coverage? Yes No
 If "yes", please explain: _____

12. Does facility require a contract for usage? Yes No **If "Yes," provide copy of contract(s).**

13. Limits of Liability requested: \$1,000,000 Other _____

COMMERCIAL GENERAL LIABILITY SECTION

14. Will event feature any of the following:
 a. Rides, mechanical devices, rebounding devices (ie: moonbounce, trampoline)? Yes No
 b. Petting Zoo, animal rides? Yes No
 c. Fireworks/Pyrotechnics? Yes No

15. a. Are Vendors, Attraction Owners and Performers required to carry their own insurance? Yes No
 If "Yes," what limit is required? _____

b. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured? Yes No No Concessionaires

16. Who contracts security?: a. Facility Applicant b. Number of Security Personnel _____

17. a. Describe security measures: _____

b. Is security provided by: Independent Contractors Employees of the Applicant
 On-Duty Police Off-Duty Police Guard Dogs

c. If security provided by Independent Contractors, are they required to carry their own insurance? Yes No

18. Number of grandstands, if any: _____ Permanent Temporary
 If temporary, list name of firm doing installation: _____

19. Seating capacity: _____ Construction Type of grandstands: _____

20. a. Emergency evacuation plan in place? Yes No
 b. Qualified medical personnel in attendance? Yes No
 c. Ambulance service in attendance? Yes No

21. If **MUSICAL/ENTERTAINMENT** event:

Performer/Entertainer Name	Type of Music/Program	Local or National ?
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National
		<input type="checkbox"/> Local <input type="checkbox"/> National

Is dancing permitted at this event? Yes No

22. If **PARADE** event: a. Number of Floats: _____ b. Number of Marching Units: _____
 c. Length of Parade: _____ d. Estimated number of spectators: _____

23. If **ATHLETIC** event: Number of Games: _____ Number of Spectators: _____
 Professional? Amateur? # Youth Participants/Players _____ # Adult Participants/Players _____

HAUNTED ATTRACTIONS SUPPLEMENT

Applicant's Name: _____

Applicant Organization Type (IE: Church/Kiwanis): _____

Opening Date: _____ Closing Date: _____

General Liability Limit Requesting: _____

Estimated Number of Patrons for entire period: _____

Estimated GROSS Receipts for entire period: _____

Is Haunted House an EXISTING STRUCTURE or TEMPORARY? _____

Number of years Applicant has held Haunted House event: _____

Number of stories for the structure/house: _____

Are all ENTRANCES, EXITS, and/or STEPS adequately lit? _____

Are all STAIRS and/or STEPS adequately equipped with Handrails? _____

Are there any RAMPS, SLIDES, TRAP DOORS or MOVING FLOORS? _____

- If YES, please explain in detail: _____

Will Live Actors be used in the Haunted House? _____

Will any Actors be in ANY TYPE of contact with Patrons? _____

- If YES, please explain in detail: _____

Will Children under 6 years of age be required to be accompanied by an Adult? _____

Will any Animal(s), Reptile(s), or "Hangman's Noose(s)" be used? _____

Will any "Moonwalks" or similar devices be used? _____

AGENT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

**HAUNTED ATTRACTIONS
HAUNTED HOUSE/GRAVEYARD
HAUNTED HAYRIDES/WALKS
WARRANTIES**

1. No Mechanical Devices or Machinery with Moving Parts
2. No Buildings Over One Story
3. No Chutes, Slides, Trap Doors, Movable or Sharply Inclined Floors
4. No Use of Live Animals
5. No Physical Contact or Jumping Out at Patrons by Actors
6. Warnings Posted for Pregnant Women and/or Those with Heart Conditions
7. No Open Flames
8. All Steps to be well Lighted and Include Handrails
9. Adequate Emergency Lighting
10. Exits Well Marked
11. Buildings Must Meet or Exceed Local Zoning and Fire Codes
12. Hayrides Must Be Tractor Drawn – No Horse Drawn Hayrides
13. Hayrides Must Be On Private Property – No Public Roads

I AGREE TO ALL OF THE ABOVE WARRANTIES WITHOUT EXCEPTION.

Signature of Applicant

Print Name

Date