

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Haunted Attraction Supplemental Application

### Haunted House – Hay/Wagon Ride –Maze or Walking Trail

To be used with Special Event Supplemental Application or its equivalent  
 All questions must be answered - Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

**EXPOSURE:**

1. Type of Event:
2. Operating Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
  - Fundraiser/Benefit (e.g., Jaycees, YMCA)  Private Club or Organization
  - Commercial– For Profit – Private Business Entity  Commercial Event – Sponsored by Local Business ventures (e.g., TV, Radio, Restaurant Promotion)

Do you require additional coverage for Setup or Teardown? .....  Yes  No Number of Days:

	ESTIMATED GROSS RECEIPTS		ESTIMATED:
General Admission:	\$		ATTENDANCE PER DAY
Parking Receipts:	\$		SQUARE FOOTAGE
Concession (including food and beverage – excluding alcohol)	\$		
Alcoholic beverages (if any or N/A)	\$		
Other (describe below)	\$		

**GENERAL INFORMATION:**

**EMPLOYEE/VOLUNTEER SPECIFICATION - PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

1. Your Volunteers or Employees cannot physically touch the customers during their skits. ....  Yes  No
2. Your Volunteers or Employees are trained to deal with the public in this environment. ....  Yes  No
3. Employees or Volunteers are 18 years or older. ....  Yes  No
4. You provide adequate medical or first aid services on site during operating hours. ....  Yes  No
5. Public parking areas are well lit and supervised. ....  Yes  No
6. Volunteers or Employees keep walking surfaces clear of debris or obstacles. ....  Yes  No
7. You prohibit the patrons from touching or interacting with the displays or skits. ....  Yes  No
8. Displays do not include working power tools (e.g., saws, drills) or electrical shock machines or tricks. .  Yes  No
9. There are no low hanging ropes, nooses, props or displays crossing the customers path. . ....  Yes  No
10. You do not permit the public to bring pets (dogs or other animals) on the premises. ....  Yes  No
11. You do not use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives. ....  Yes  No
12. You do not allow smoking on premises. ....  Yes  No
  - If No - Smoking signs are clearly posted and enforced. ....  Yes  No  N/A
  - You maintain designated smoking areas away from public or combustible materials. ....  Yes  No  N/A

**HAUNTED HOUSE SPECIFICATIONS:**

**PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

Type of Building or Structure:

- Free standing structure
  - Interconnected mobile trailers
  - Leased space in multi occupancy building (e.g., former supermarket, store front, warehouse)
  - Temporary/Portable structure (e.g., air supported dome or other structure erected for this event only)
1. The building meets all state, local, or governing agency life safety, fire and occupancy statutes, or requirements. (e.g., NFPA 101, Local Building Codes etc...)  Yes  No
  2. The building has been inspected and approved for occupancy by the local fire authority.  Yes  No
  3. Employees or Volunteers are present throughout the facility during operating hours to monitor or assist patrons as they tour the displays.  Yes  No
  4. Uneven walking surfaces, steps, or flights of stairs are supervised by a designated Employee or Volunteer during operating hours.  Yes  No

**PROVIDE DETAILED INFORMATION FOR ALL "YES" RESPONSES**

1. The haunted house is more than one story.  Yes  No
2. Patrons use slides to move from one level to another.  Yes  No
3. There are moving or sinking floors, or moving or sinking stairs.  Yes  No

**HAUNTED HAYRIDE/WAGON SPECIFICATIONS:**

**PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

1. The unit is propelled by:  Tractor  Animal  Locomotive  Other motorized vehicle (explain)
2. The unit was specifically designed, and constructed by others to transport people.  Yes  No
3. The unit has permanently mounted seats for riders.  Yes  No
4. The unit is properly equipped to prevent riders from falling. (Guard rail, seat backs, handrails etc).  Yes  No
5. Wheel wells are properly covered/protected to prevent accidental contact with any moving parts.  Yes  No
6. You do not permit patrons to exit the unit before the entire trip is completed.  Yes  No
7. You do not permit Employees/Volunteers to board the wagon after it has left the start area.  Yes  No
8. Operators are over 18 years of age and qualified operators of the unit.  Yes  No
9. The unit does not operate on, or cross any public street, road, highway, or thoroughfare.  Yes  No

**HAUNTED MAZE SPECIFICATIONS:**

**PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

1. The maze was created by cutting pathways through growing crops.  Yes  No
2. If the maze is not cut through growing crops but consisting of walls made from of bales, you meet or exceed minimum thickness and stabilizing requirements for this type of construction.  Yes  No
3. All walking areas are level and free of uneven surfaces.  Yes  No
4. Your Employees or Volunteers monitor activities within the maze from a tower, bridge, platform, or other vantage point.  Yes  No
5. There are adequate exits throughout the maze in the event patrons elect to exit without completing.  Yes  No
6. You have a rodent/pest control program in place.  Yes  No

**HAUNTED WALKING TRAIL SPECIFICATIONS:**

**PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

- 1. Your Employees or Volunteers guide patrons through the trail. ....  Yes  No
- 2. Patrons may not leave the trail during the walk. ....  Yes  No
- 3. Patrons may not leave the group without completing the entire attraction. ....  Yes  No
- 4. All walking areas are level and free of uneven surfaces. ....  Yes  No
- 5. Patrons are not permitted to climb on interact with skirts or displays. . ....  Yes  No
- 6. Your Employees or Volunteers may not touch patrons as they walk past their display. ....  Yes  No
- 7. There are no hanging ropes, or empty nooses in any of the displays. ....  Yes  No
- 8. You have a rodent/pest control program in place. ....  Yes  No

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS SOLD OR DISTRIBUTED BY YOU	ANTICIPATED GROSS SALES

**Attach** literature, brochures, advertisements if available

**Remarks:** \_\_\_\_\_

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**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

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Producer's Signature

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Date

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Applicant's Signature

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Date