

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: _____

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, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, 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:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*), fines and confinement in prison (For Alabama add: *or any combination thereof*).

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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 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.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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 subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date