



Donat Insurance Services, LLC

No Event Too Big Or Small, We Insure Them All

www.DonatInsurance.com

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Haunted House General Liability Application

W6102 35th Street E., New Lisbon, WI 53950 *Phone: 608-565-2741 * Cell: 608-343-0273 * Fax: 608-565-2827*

Applicant Information			
Insured Name			
Mailing Address			
Street			
	City	State	Zip
Event Name/Address			
Street			
	City	State	Zip
Website Address			
Applicant is <input type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Joint Venture			
	Other		
Contact	Phone	Fax	
E-mail Address			
Event Information			
Event Description (attach any promotional material)			
Haunted Hayride <input type="radio"/> Yes <input type="radio"/> No			
Effective Date		End Date	
Estimated Attendance		Last Year's Attendance	
Max Capacity at Event Location			
Estimated Gross Receipts			
Price of Admission			
Attendee Age Demographic			
Minimum Age		Special Concerns for Children	
Event is Held		<input type="radio"/> Indoors	<input type="radio"/> Outdoors
			<input type="radio"/> Both
		Fenced <input type="radio"/> Yes <input type="radio"/> No	
Crowd Control/Security		<input type="radio"/> Ushers	<input type="radio"/> Private Security
	<input type="radio"/> Off-Duty Police	How Many	
If using hired security, are certificates of insurance obtained? <input type="radio"/> Yes <input type="radio"/> No			
Are first aid facilities provided? <input type="radio"/> Yes <input type="radio"/> No Describe			
Employee Type and Numbers			
Regular		Leased	Volunteer
Is Workers Compensation Coverage in Force? <input type="radio"/> Yes <input type="radio"/> No Estimated Payroll			

Event information (Cont'd.)				
Will bleachers or platforms be used?		<input type="radio"/> Yes	<input type="radio"/> No	
Will they have back and side rails?		<input type="radio"/> Yes	<input type="radio"/> No	
Are food or beverages sold on the premises?		<input type="radio"/> Yes	<input type="radio"/> No	Outside vendor? <input type="radio"/> Yes <input type="radio"/> No
Food types available:				
Cooking methods if cooked on site:				
Alcoholic beverages served:				
How are guests escorted?				
Lead Guides:		<input type="radio"/> Yes	<input type="radio"/> No	How many? Follow-up guides: <input type="radio"/> Yes <input type="radio"/> No How many?
Door Monitors:		<input type="radio"/> Yes	<input type="radio"/> No	How many? Max. group size:
Details:		Yes	No	Special Effects and Devices
Stairs (unlighted)		<input type="radio"/>	<input type="radio"/>	
Slides		<input type="radio"/>	<input type="radio"/>	
Fire or Open Flame		<input type="radio"/>	<input type="radio"/>	
Moveable Floors		<input type="radio"/>	<input type="radio"/>	
Sinking Floors		<input type="radio"/>	<input type="radio"/>	
Spectator Touching		<input type="radio"/>	<input type="radio"/>	
Electrical Shock Devices		<input type="radio"/>	<input type="radio"/>	
Live Animals		<input type="radio"/>	<input type="radio"/>	Other Events or Attractions at the same site
Live Insects		<input type="radio"/>	<input type="radio"/>	
Live Reptiles		<input type="radio"/>	<input type="radio"/>	
Smoke Machines		<input type="radio"/>	<input type="radio"/>	
Bubble Machines		<input type="radio"/>	<input type="radio"/>	
Strobe Lighting		<input type="radio"/>	<input type="radio"/>	
Applicant history: Describe applicant's experience with Haunted Houses including years, numbers, dates:				
Premium and loss record for the last five years:				
Policy Period	Carrier	Premium	Loss Amount	Non-Renewal Or Cancel
Describe details of losses/incidents for the past five years:				

Insurance Coverage will be written with limits of \$1,000,000 per occurrence and an annual aggregate of \$2,000,000. The Insured represents that the information contained in this application is accurate and that it shall be the basis of the policy of insurance. The Insured further represents that it has not withheld any information which would have affected the company's decision to offer coverage. If the Insured has withheld any such information with intent to defraud or give false information to the insurance company, the Insured understands that its coverage may be voided. The Insured further understands that its failure to disclose any information in its possession, which may lead to a claim, will relieve the insurance company of any obligation under the policy.

Insured Signature	Date

Agent Signature	Date

Any additional Insureds being requested? Yes No

If so, provide Name, Address and Reason: _____

Email to Ken@Donatinsurance.com or Fax to (608) 565-2827

Insured listed as Additional Insured on Certificate of Insurance from Outside Vendors? YES NO

Commercial Zip Line? YES NO

Laser Tag? YES NO

Lighted Exit Signs? YES NO If yes, how many? _____