



Donat Insurance Services, LLC

No Event Too Big or Small, We Insure Them All

www.DonatInsurance.com • Ken@DonatInsurance.com

Fall Festival 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 <input type="radio"/> Other: _____		
Contact	Phone	Fax
Email 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			
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



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Fall Festival General Liability Supplement

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Applicant Name _____

Rides and Attractions - Do you have the following:

Petting Zoo Yes No
Animals must be hand-led or tethered.
Type of Animals:

Exotic or Dangerous Animals Yes No
Animals Fenced In Yes No
Spectator Touching Yes No
Hand Washing Stations Yes No
Horse-drawn Carriage Rides Yes No
Children's Play Area Yes No

Hay Rides Yes No
Drivers must be 25 years and over. Wagons must have 3-foot sides and must be pulled by a farm implement tractor.

Off Premises or on Public Roads Yes No
Night Rides Yes No
If Yes, Does Trail Have Any Lighting? Yes No

If Hay Ride Loading/Unloading Area has more than a 2% incline, it must have 2 Operators.
Operator 1 - Driver of the Tractor: MUST REMAIN IN TRACTOR AT ALL TIMES
Operator 2 - MUST REMAIN AT REAR OF WAGON during loading/unloading time to assist patrons.
Max. Grade at Steepest Part of Trail _____%

Jumping Pillow/Jump Pad Yes No
Size: _____
Manufacturer: _____
Warning Signs and Safety Rules Posted/Printed on Pillow Surface:

Slide Yes No

Landing Surface Grass Sand Gravel Dirt Liner Other _____

Slide Length 20 Ft. 40 Ft. 60 Ft. 80 Ft. Other _____

Slide Type Open Closed

Employee Attendant must be present at the top and bottom of ALL slides 60 ft. and longer.

Fall Festival General Liability Supplement (Cont'd.)

Cow Train Ride Yes No
Wheel Base Requirements: Inside Wheel Base must be a minimum of 30"
Outside Wheel Base must be a minimum of 39"
All Kiddie Rides/Cow Trains must be pulled by limited speed capability vehicles or low horsepower tractors.

Pumpkin Launcher Yes No

Pond Yes No
If yes, Fenced In Roped Off Fishing
Size: _____
Employee Attendant must be present at ALL times.

Corn Canon Yes No

Campfires Yes No
Size of Fire Ring: _____
Employee Attendant must be present at ALL times.

Kiddie Zip/Handle Bar Slide Yes No
Maximum Weight Permitted is 100 lbs.
Length: _____
Type Sitting Hanging/T-Bar
Height from Cable to Ground: _____ (ft.)
Attendant Procedure for Starting and Landing of Kiddie Zip: _____

Employee Attendant must be present at ALL times.

Offsite Parking Yes No
If yes, please provide location address: _____

Please list and describe any other rides or attractions previously not mentioned:

EXCLUDED FROM ALL POLICIES: Rat Rollers and/or Rat Racers

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 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.

Additional Insureds

Relationship

Name and Address

1) Landlord/Land Owner

2) _____

3) _____

Insured Signature: _____

Date: _____

Agent Signature: _____

Date: _____