



Donat Insurance Services, LLC

No Event Too Big or Small, We Insure Them All

www.DonatInsurance.com • Leigh@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 _____ Reset Selections

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

Slide Type Open Closed Comment _____ Reset Selections

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

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: _____

*Some exclusions include, but are not limited to:

Moveable/Sinking Floors

Inflatables

Livestock Coverage

Patron Touching

Rat Racers/Rat Rollers

Electrical Shock Devices

Water Activities

Document can be emailed to Leigh@DonatInsurance.com or faxed to 608-565-2827.