



DONAT
INSURANCE SERVICES, LLC

**No Event Too Big or Small,
We Insure Them All**
www.DonatInsurance.com
Quotes@DonatInsurance.com

Fall Festival General Liability Application

PO Box 287, Forest City, IA 50436 • 641-585-0510 • Fax: 608-377-7240

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"/>	Part of a Haunted Attraction? <input type="radio"/> Yes <input type="radio"/> No
Fire or Open Flame	<input type="radio"/>	<input type="radio"/>	
*Moveable Floors	<input type="radio"/>	<input type="radio"/>	Pictures Required with Application
*Sinking Floors	<input type="radio"/>	<input type="radio"/>	Pictures Required with Application
*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 | <input type="radio"/> Yes | <input type="radio"/> No |
| Animals Fenced In | <input type="radio"/> Yes | <input type="radio"/> No |
| Spectator Touching | <input type="radio"/> Yes | <input type="radio"/> No |
| Hand Washing Stations | <input type="radio"/> Yes | <input type="radio"/> No |
| Horse-drawn Carriage Rides | <input type="radio"/> Yes | <input type="radio"/> No |
| Children's Play Area | <input type="radio"/> Yes | <input type="radio"/> 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 | <input type="radio"/> Yes | <input type="radio"/> No |
| Night Rides | <input type="radio"/> Yes | <input type="radio"/> No |
| If Yes, Does Trail Have Any Lighting? | <input type="radio"/> Yes | <input type="radio"/> 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: _____ How many: _____

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:

Patron Touching

Rat Racers/Rat

Livestock Coverage

Electrical Shock Devices

Rollers Water Activities