



DONAT
INSURANCE SERVICES, LLC

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

Haunted House 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"/>		
Fire or Open Flame	<input type="radio"/> <input type="radio"/>	For warming purposes? If not, explain:	
*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"/>	Are Employees / Volunteers allowed to touch Patrons?	
* Electrical Shock Devices	<input type="radio"/> <input type="radio"/>	9Volt battery operated only	
*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 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?	<input type="radio"/> Yes	<input type="radio"/> No
If so, provide Name, Address and Reason:		

Insured listed as Additional Insured on Certificate of Insurance from Outside Vendors?	<input type="radio"/> Yes	<input type="radio"/> No
Commercial Zip Line?	<input type="radio"/> Yes	<input type="radio"/> No
Laser Tag?	<input type="radio"/> Yes	<input type="radio"/> No
Lighted Exit Signs?	<input type="radio"/> Yes	<input type="radio"/> No If so, how many?

*Some exclusions include, but are not limited to:
 Patron Touching Rat Racers/Rat Livestock Coverage
 Electrical Shock Devices Rollers Water Activities