

# Fall Festival General Liability Application

Any amusement attraction, device, activity or special event not listed on this application will not be considered or contemplated within our quote. Any amusement attraction, device or activity listed is still subject to underwriting approval. Please read our quote carefully to determine what is considered/contemplated with our quote and what amusement attraction, device or activity is excluded or not part of our quote.

## APPLICANT INFORMATION

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Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FALL FESTIVAL INFORMATION

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*Location(s) Name and Address (if different than above)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website Address: \_\_\_\_\_

Applicant is:      Individual                  Corporation                  Partnership  
                                 Joint Venture                  Other: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours of Operation:

Spring: Open?      Yes      No      Days / Hours of Operation: \_\_\_\_\_

Summer: Open?      Yes      No      Days / Hours of Operation: \_\_\_\_\_

Fall: Open?      Yes      No      Days / Hours of Operation: \_\_\_\_\_

Winter: Open?      Yes      No      Days / Hours of Operation: \_\_\_\_\_

Event Description (attach any promotional material):



**DONAT**  
INSURANCE SERVICES, LLC

PO Box 287, Forest City, IA 50436  
641-585-0510  
Quotes@DonatInsurance.com

Haunted Hayride?            Yes            No

Estimated Attendance: \_\_\_\_\_ Last Year's Attendance: \_\_\_\_\_

Maximum Capacity at Event Location: \_\_\_\_\_

Estimated Gross Receipts: \_\_\_\_\_ Cost of Admission: \$ \_\_\_\_\_ Attendee Age Demographic: \_\_\_\_\_

Prior Year Gross Receipts: \_\_\_\_\_ Minimum Age: \_\_\_\_\_

Special Concerns for Children: \_\_\_\_\_

Event is Held:            Indoors            Outdoors            Both

If Outdoors, Fenced?            Yes            No

Crowd Control / Security:            Ushers            Private Security            Off-Duty Police            How Many? \_\_\_\_\_

Please explain: \_\_\_\_\_

Security Guards Used?            Yes            No            Armed            Unarmed

If using hired security, are certificates of insurance obtained?            Yes            No

Is applicant named as additional insured?            Yes            No

Describe Procedures and Protocols: \_\_\_\_\_

Employee Type and Quantity: Regular: \_\_\_\_\_ Leased: \_\_\_\_\_ Volunteer: \_\_\_\_\_

Is Workers Compensation Coverage in Force?            Yes            No            Estimated Payroll: \_\_\_\_\_

Will bleachers or platforms be used?            Yes            No

Will they have back and side rails?            Yes            No

Are food or beverages sold on the premises?            Yes            No

Outside Vendor?            Yes            No

Food types available: \_\_\_\_\_

Cooking methods (if cooked on site): \_\_\_\_\_



**DONAT**  
INSURANCE SERVICES, LLC

Alcoholic beverages served: \_\_\_\_\_

Is Liquor Liability policy in force?                      Yes                      No

Is Liquor sold by 3rd party vendor?                      Yes                      No

If so, is applicant named as additional insured? \_\_\_\_\_

How are guests escorted? \_\_\_\_\_

Lead Guides?                      Yes                      No      How many? \_\_\_\_\_

Follow-up guides?                      Yes                      No      How many? \_\_\_\_\_

Door Monitors?                      Yes                      No      How many? \_\_\_\_\_

Maximum group size: \_\_\_\_\_

Does Insured operate Haunted House at this location?      Yes                      No                      *If so, please complete the haunted house supplement.*

Is the Insured (owner) of this facility CHAOS (Certified Haunted Attraction Operator Seminar) certified?  
Yes                      No      If yes, please attach copy of certification (*certification is required a minimum of every other year*)

**APPLICANT HISTORY**

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Please describe applicant's experience with Fall Festivals 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:



**FALL FESTIVAL GENERAL LIABILITY SUPPLEMENT**

Applicant Name: \_\_\_\_\_

Rides and Attractions - Do you have the following?

Petting Zoo? Yes No *(Animals must be hand-led or tethered)*

Number of and type of animals: \_\_\_\_\_

Are customers allowed to touch animals? Yes No

Are animals fenced in? Yes No

Hand washing stations provided? Yes No

Exotic or dangerous animals? Yes No

Horse-drawn carriage rides? Yes No

Hay Rides? Yes No

*(Drivers must be 25 and over. Wagons must have 3-foot sides and must be pulled by a Farm Implement Tractor)*

Does horse-drawn carriage or hay ride go off premises or on public roads? Yes No

If yes, please explain: \_\_\_\_\_

Any night rides? Yes No

If yes, does the trail have lights in any way? Yes No

**\*\* If Hay Ride loading/unloading area has more than 2.0% incline you must have 2 operators as outlined in a. and b. below:**

**\*\*Must have 2 Operators**

- a. Operator #1 - Driver of Tractor - Must remain in Tractor AT ALL TIMES with breaks on
- b. Operator #2 - Must remain at rear of Wagon, during loading / unloading time to assist patrons
- c. What is the Max Grade of the steepest part of the trail? \_\_\_\_\_%

Jumping Pillow / Jump Pad? Yes No If Yes, How Many? \_\_\_\_\_

If Yes, Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_



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INSURANCE SERVICES, LLC

Do you make separate charges for jumping pillows?      Yes                  No  
If yes, please supply revenue breakout along with attendance: \_\_\_\_\_

What warning signs and safety rules are posted and / or printed on pillow surface? *Please attach proof of signage.*

Slide?                  Yes                  No                  How Many? \_\_\_\_\_  
Landing Surface:    Grass                  Sand                  Gravel                  Dirt                  Liner                  Other: \_\_\_\_\_  
Slide Length (ft) :                  20                  40                  60                  80                  Other: \_\_\_\_\_  
Slide Type:                  Open                  Closed  
Cow Train Rides?                  Yes                  No

**\*Wheel Base Requirements:**

1. Inside Wheel Base must be a minimum of 30"
2. 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 tractor. Failure to follow these requirements could jeopardize coverage under your insurance policy\*\***

Pumpkin Launcher?                  Yes                  No                  How Many? \_\_\_\_\_  
Pumpkin Patch?                  Yes                  No  
Pedal Cars?                  Yes                  No  
Pond?                  Yes                  No  
If Yes:                  Fenced In                  Roped Off                  Fishing                  Size: \_\_\_\_\_

**\*\*Employee Attendant must be present at ALL times**

Playground Equipment?                  Yes                  No  
Please provide complete list of equipment: \_\_\_\_\_

Corn Canon?                  Yes                  No  
Campfires?                  Yes                  No                  If Yes, what size is the fire ring? \_\_\_\_\_



**\*\*Employee Attendant must be present at ALL times**

What Type of Campfire?            Wood Burning            Propane

Kiddie Zip / Handle Bar Slide?            Yes            No            If Yes, Length? \_\_\_\_\_

(otherwise known as handle bar slide or hanging t-bar) **\*\*Maximum Weight Permitted - 100lbs\*\***

Type:            Sitting            Hanging / T-Bar            Height from cable to Ground: feet \_\_\_\_\_ inches: \_\_\_\_\_

**\*\*Employee Attendant must be present at ALL times.**

Attendant procedure for starting and landing Kiddie Zip:

*Please attach a copy of signage and procedures when training employees.*

Offsite Parking?    Yes            No    If yes, please provide location address: \_\_\_\_\_

Escape room?    Yes            No    If yes, please complete supplemental

Paintball Gallery?            Yes            No    If yes, please complete supplemental

Trains?            Yes            No    If yes, permanent track? \_\_\_\_\_ Max Speed: \_\_\_\_\_

Amusement Rides?            Yes            No    If yes, please provide a complete list of each ride & photos of all

Mechanical Bull?            Yes            No

Hay Bales / Hay Pyramid / Hay Mountain?            Yes            No

Pumpkin Swing?            Yes            No

Rock Wall?            Yes            No

Log Jam?            Yes            No

Inflatables?            Yes            No

Super Mega Slide?            Yes            No    How many? \_\_\_\_\_

Pony Rides?            Yes            No    If yes, are ponies tethered? \_\_\_\_\_

If yes, are Pony Rides covered elsewhere? \_\_\_\_\_



Is the applicant included as an additional insured on that policy?                      Yes                      No

Fireworks / Pyrotechnics                      Yes                      No

If yes, is applicant signing any Hold Harmless Agreement?                      Yes                      No

If yes, please provide a complete copy of this agreement / contract.

Any other special events?                      Yes                      No

If yes, please list dates and provide a description of the event: \_\_\_\_\_

If yes, please fill out the Special Events Supplemental App.

**\*\*Employee attendant must be at each of the following at ALL times: campfire, hay ride, pond, kiddie zip - failure to follow these requirements could jeopardize coverage under your insurance policy.**

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

**\*Employee Attendant must be at each of the following at ALL times:  
\*Campfire, Pond and Kiddie Zip\***



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.

**ADDITIONAL INSURED:**

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Relationship	Name and Address
1) Landlord / Land Owner	_____
2) _____	_____
3) _____	_____

**\*SOME EXCLUSIONS INCLUDE, BUT ARE NOT LIMITED TO: PATRON TOUCHING, RAT RACERS / RAT ROLLERS, LIVESTOCK COVERAGE, ELECTRICAL SHOCK DEVICES, WATER ACTIVITIES.**

\_\_\_\_\_  
Insured Signature Date

\_\_\_\_\_  
Agent Signature Date

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**\*\*Please send all submissions to [Quotes@DonatInsurance.com](mailto:Quotes@DonatInsurance.com)**

