

# Haunted House General Liability Application

## APPLICANT INFORMATION

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

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

## HAUNTED HOUSE 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: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Event Description (attach any promotional material):

Haunted Hayride?      Yes              No

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

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

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



**DONAT**  
INSURANCE SERVICES, LLC

PO Box 287, Forest City, IA 50436 641-585-0510

Quotes@DonatInsurance.com

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)*

Estimated Gross Receipts: \_\_\_\_\_ Admissions: \$ \_\_\_\_\_ Attendee Age Demographic: \_\_\_\_\_

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? \_\_\_\_\_

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

Are first aid facilities provided?      Yes      No

Describe: \_\_\_\_\_

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): \_\_\_\_\_

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

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

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

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



**DONAT**  
INSURANCE SERVICES, LLC

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

Max. group size: \_\_\_\_\_

**EVENT DETAILS**

Details:	Yes	No	Special Effects and Devices:
Stairs (unlighted)			
Slides			
Fire or Open Flame			If yes, for warming purposes? Yes No If not, please explain:
Moveable Floors			<i>*Pictures required with application</i>
Sinking Floors			<i>*Pictures required with application</i>
Spectator Touching			Are Employees / Volunteers allowed to touch Patrons? Yes No
Electrical Shock Devices			If yes, what voltage? _____
Live Animals			
Live Insects			
Live Reptiles			
Smoke Machines			
Bubble Machines			
Strobe Lighting			
Drive-Through Haunts?			
Zombie Paintball?			If so, live actors or targets? _____

Describe any other events, attractions, taking place during the operation of the Haunted House (DJ's, bands, zombie paintball, hay rides, etc.)



Any additional Insureds being requested?:                      Yes                      No

If Yes, please provide Name, Address and Relation:

Is Insured listed as Additional Insured on Certificate of Insurance from Outside Vendors?    Yes            No

Escape room?    Yes            No            \*If yes, supplemental application needed

If yes, is there a separate charge and attendance for this? \_\_\_\_\_

*\*\*If there are moving or sinking floors, please provide pictures with your submission.*

Laser Tag?    Yes            No

Lighted Exit Signs?    Yes            No            If yes, how many? \_\_\_\_\_



## APPLICANT HISTORY

Please 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 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*\*\*Please submit application to: [Quotes@DonatInsurance.com](mailto:Quotes@DonatInsurance.com)\*\*\***

