

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

Insured Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

FALL FESTIVAL INFORMATION

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: _____ Date Business Established: _____

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: _____

Estimated Food Receipts: _____ Estimated Merchandise Receipts: _____

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): _____



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

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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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:

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**

