

Haunted House General Liability Application

APPLICANT INFORMATION

Insured Name: _____

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

HAUNTED HOUSE 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: _____

Phone: _____ Fax: _____ E-mail Address: _____

Hours of Operation: _____

Event Description (attach any promotional material):

Haunted Hayride? Yes No

Effective Date: _____ End Date: _____

Date Business Established: _____

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 Attraction Receipts: _____ Admissions: \$ _____ Attendee Age Demographic: _____

Estimated Food Receipts: _____ Estimated Merchandise 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? _____

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? _____



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? _____



