

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: _____

Estimated Attendance: _____ Last Year's Attendance: _____

Maximum Capacity at Event Location: _____



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? _____

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			
Moveable Floors			
Sinking Floors			
Spectator Touching			
Electrical Shock Devices			
Live Animals			Other Events or Attractions at the same site:
Live Insects			
Live Reptiles			
Smoke Machines			
Bubble Machines			
Strobe Lighting			

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

Any additional Insureds being requested?: Yes No

If Yes, please provide Name, Address and Relation:

****Please send all submissions to midwest.submissions@wwfi.com.**

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

Commercial Zip Line? Yes No

Laser Tag? Yes No

Lighted Exit Signs? Yes No If yes, how many? _____

