



## Haunted House Application

**Applicant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Location Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Limit of Liability Requested \$ \_\_\_\_\_ Number of Years Event Held \_\_\_\_\_

Construction of Building:  Frame  Masonry  Noncombustible

Age \_\_\_\_\_ Number of Stories \_\_\_\_\_ Number of Exits \_\_\_\_\_

Are exits lit?  Yes  No

Are all stories used?  Yes  No

If so, are stairwells lit?  Yes  No

If not, are all entrances to the stories not being used properly sealed off and marked?  Yes  No

Is the building sprinklered?  Yes  No

Has the premises been inspected by the Fire Marshall?  Yes  No

Will there be a first aid station?  Yes  No

Are there any slides or moving or dropping floors?  Yes  No

Will there be any touching of patrons?  Yes  No

Are patrons led through the house by guides?  Yes  No

If so, how many guides? \_\_\_\_\_

List age of guides and/or supervisors: \_\_\_\_\_

Are guides positioned at the beginning and the end of the groups?  Yes  No

What size groups are taken through at a given time? \_\_\_\_\_

List specific details of any special effects used (fire, live animals, scare tactics, etc)

\_\_\_\_\_

Estimated Attendance \_\_\_\_\_ Charge Per Person \$ \_\_\_\_\_ Estimated Gross Receipts \$ \_\_\_\_\_

Prior carrier and premium \_\_\_\_\_

Any losses in the past three years? \_\_\_\_\_

Has insured been cancelled or denied coverage for any reason?  Yes  No

**Agent**

**Agency Name**

**Date**

**Phone**

**Fax**

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