

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Haunted Attraction Supplemental Application

### Haunted House – Hay/Wagon Ride –Maze or Walking Trail

To be used with Special Event Supplemental Application or its equivalent  
 All questions must be answered - Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
 \_\_\_\_\_  
 Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_  
 \_\_\_\_\_ Inspection Contact \_\_\_\_\_  
 Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

#### EXPOSURE:

- Type of Event:
- Operating Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
☐ Fundraiser/Benefit (e.g., Jaycees, YMCA) ☐ Private Club or Organization  
☐ Commercial– For Profit – Private Business Entity ☐ Commercial Event – Sponsored by Local Business ventures (e.g., TV, Radio, Restaurant Promotion)

Do you require additional coverage for Setup or Teardown? ..... ☐ Yes ☐ No Number of Days:

|  | ESTIMATED<br>GROSS RECEIPTS | ESTIMATED:         |
|--|-----------------------------|--------------------|
| General Admission:   | \$                          | ATTENDANCE PER DAY |
| Parking Receipts:  | \$                          | SQUARE FOOTAGE     |
| Concession (including food and beverage – excluding alcohol) | \$                          |                    |
| Alcoholic beverages (if any or N/A)                          | \$                          |                    |
| Other (describe below)                                       | \$                          |                    |

#### GENERAL INFORMATION:

##### EMPLOYEE/VOLUNTEER SPECIFICATION - PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES

- Your Volunteers or Employees cannot physically touch the customers during their skits. .... ☐ Yes ☐ No
- Your Volunteers or Employees are trained to deal with the public in this environment. .... ☐ Yes ☐ No
- Employees or Volunteers are 18 years or older. .... ☐ Yes ☐ No
- You provide adequate medical or first aid services on site during operating hours. .... ☐ Yes ☐ No
- Public parking areas are well lit and supervised. .... ☐ Yes ☐ No
- Volunteers or Employees keep walking surfaces clear of debris or obstacles. .... ☐ Yes ☐ No
- You prohibit the patrons from touching or interacting with the displays or skits. .... ☐ Yes ☐ No
- Displays do not include working power tools (e.g., saws, drills) or electrical shock machines or tricks. . ☐ Yes ☐ No
- There are no low hanging ropes, nooses, props or displays crossing the customers path. . .... ☐ Yes ☐ No
- You do not permit the public to bring pets (dogs or other animals) on the premises. .... ☐ Yes ☐ No
- You do not use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives. .... ☐ Yes ☐ No
- You do not allow smoking on premises. .... ☐ Yes ☐ No
  - If No - Smoking signs are clearly posted and enforced. .... ☐ Yes ☐ No ☐ N/A
  - You maintain designated smoking areas away from public or combustible materials. .... ☐ Yes ☐ No ☐ N/A

## HAUNTED HOUSE SPECIFICATIONS:

### PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES

Type of Building or Structure:

- |  |   |
|--|---|
| <input type="checkbox"/> Free standing structure   | <input type="checkbox"/> Interconnected mobile trailers   |
| <input type="checkbox"/> Leased space in multi occupancy building (e.g., former supermarket, store front, warehouse) | <input type="checkbox"/> Temporary/Portable structure (e.g., air supported dome or other structure erected for this event only) |
1. The building meets all state, local, or governing agency life safety, fire and occupancy statutes, or requirements. (e.g., NFPA 101, Local Building Codes etc...) ☐ Yes ☐ No
  2. The building has been inspected and approved for occupancy by the local fire authority. ☐ Yes ☐ No
  3. Employees or Volunteers are present throughout the facility during operating hours to monitor or assist patrons as they tour the displays. ☐ Yes ☐ No
  4. Uneven walking surfaces, steps, or flights of stairs are supervised by a designated Employee or Volunteer during operating hours. ☐ Yes ☐ No

### PROVIDE DETAILED INFORMATION FOR ALL "YES" RESPONSES

1. The haunted house is more than one story. ☐ Yes ☐ No
2. Patrons use slides to move from one level to another. ☐ Yes ☐ No
3. There are moving or sinking floors, or moving or sinking stairs. ☐ Yes ☐ No

## HAUNTED HAYRIDE/WAGON SPECIFICATIONS:

### PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES

1. The unit is propelled by: ☐ Tractor ☐ Animal ☐ Locomotive ☐ Other motorized vehicle (explain)
2. The unit was specifically designed, and constructed by others to transport people. ☐ Yes ☐ No
3. The unit has permanently mounted seats for riders. ☐ Yes ☐ No
4. The unit is properly equipped to prevent riders from falling. (Guard rail, seat backs, handrails etc). ☐ Yes ☐ No
5. Wheel wells are properly covered/protected to prevent accidental contact with any moving parts. ☐ Yes ☐ No
6. You do not permit patrons to exit the unit before the entire trip is completed. ☐ Yes ☐ No
7. You do not permit Employees/Volunteers to board the wagon after it has left the start area. ☐ Yes ☐ No
8. Operators are over 18 years of age and qualified operators of the unit. ☐ Yes ☐ No
9. The unit does not operate on, or cross any public street, road, highway, or thoroughfare. ☐ Yes ☐ No

## HAUNTED MAZE SPECIFICATIONS:

### PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES

1. The maze was created by cutting pathways through growing crops. ☐ Yes ☐ No
2. If the maze is not cut through growing crops but consisting of walls made from of bales, you meet or exceed minimum thickness and stabilizing requirements for this type of construction. ☐ Yes ☐ No
3. All walking areas are level and free of uneven surfaces. ☐ Yes ☐ No
4. Your Employees or Volunteers monitor activities within the maze from a tower, bridge, platform, or other vantage point. ☐ Yes ☐ No
5. There are adequate exits throughout the maze in the event patrons elect to exit without completing. ☐ Yes ☐ No
6. You have a rodent/pest control program in place. ☐ Yes ☐ No

**HAUNTED WALKING TRAIL SPECIFICATIONS:****PROVIDE DETAILED INFORMATION FOR ALL "NO" RESPONSES**

1. Your Employees or Volunteers guide patrons through the trail. .... ☐ Yes ☐ No
2. Patrons may not leave the trail during the walk. .... ☐ Yes ☐ No
3. Patrons may not leave the group without completing the entire attraction. .... ☐ Yes ☐ No
4. All walking areas are level and free of uneven surfaces. .... ☐ Yes ☐ No
5. Patrons are not permitted to climb on interact with skits or displays. . .... ☐ Yes ☐ No
6. Your Employees or Volunteers may not touch patrons as they walk past their display. .... ☐ Yes ☐ No
7. There are no hanging ropes, or empty nooses in any of the displays. .... ☐ Yes ☐ No
8. You have a rodent/pest control program in place. .... ☐ Yes ☐ No

**PRODUCTS/COMPLETED OPERATIONS**

| PRODUCTS SOLD OR DISTRIBUTED BY YOU | ANTICIPATED GROSS SALES |
|-------------------------------------|-------------------------|
|                                     |                         |
|                                     |                         |

**Attach** literature, brochures, advertisements if available

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

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**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an

application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

#### **Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

#### **Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

#### **California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

#### **Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

#### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

#### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

#### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

#### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

**New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date