

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:**

1. Type of Event:
  - Commercial Event Sponsored by Local Business Venture (e.g., TV, Radio, Restaurant Promotion)
  - Commercial– For Profit – Private Business Entity
  - Fundraiser/Benefit (e.g., Jaycees, YMCA)
  - Private Club or Organization
  - Other (Describe): \_\_\_\_\_
2. Operating Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
 Do you require additional coverage for Setup or Teardown? ....  Yes  No Number of Days: \_\_\_\_\_

	Estimated Gross Receipts		Estimated:
General Admission:	\$		<b>Attendance Per Day</b>
Parking Receipts:	\$		<b>Square Footage</b>
Concession (including food and beverage – excluding alcohol):	\$		
Alcoholic beverages (if any or N/A):	\$		
Other (describe below):	\$		

**GENERAL INFORMATION:**

**General Operations - Provide Detailed Information For All "NO" Responses**

1. Employees or volunteers are:
  - 18 years or older. ....  Yes  No
  - Briefed in regular safety meetings regarding conduct, responsibilities and safety: .....  Yes  No
  - Not permitted to physically touch the patrons during their skits: .....  Yes  No
  - Trained to deal with the public in this environment: .....  Yes  No
2. Staff is adequate to monitor the size of the venue, number of patrons and activities: .....  Yes  No
3. Adequate medical or first aid services are on site during operating hours: .....  Yes  No
4. Public parking areas are well lit and supervised: .....  Yes  No
5. Employees or volunteers keep walking surfaces clear of debris or obstacles: .....  Yes  No
6. You do not permit the public to bring pets (dogs or other animals) on the premises: .....  Yes  No
7. 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
8. You perform a safety inspection before each operating day to ensure all displays are secure: .....  Yes  No
9. You do not use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives: .....  Yes  No

**HAUNTED HOUSE SPECIFICATIONS:**

**Provide Detailed Information For All "NO" Responses**

- 1. Type of Building or Structure:
  - Free standing structure
  - Interconnected mobile trailers
  - Leased space in multi occupancy building (e.g., former supermarket, store front, warehouse)
  - Temporary/Portable structure (e.g., air supported dome or other structure erected for this event only)
- 2. The haunted house is not more than one story: .....  Yes  No
- 3. The building has been inspected and approved for occupancy by the local fire authority: .....  Yes  No
- 4. 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
- 5. Occupancy permit posted: .....  Yes  No
- 6. The premises is equipped with adequate and operational fire extinguishing equipment: .....  Yes  No
- 7. Employees or volunteers are present throughout the facility during operating hours to monitor or assist patrons as they tour the displays: .....  Yes  No
- 8. Indicate below if the structure includes any of the following features (check all that apply):
  - Bridges or walkways suspended between two points
  - Dead end corridors
  - Maximum Height from Solid floor: ..... \_\_\_ in
  - Fog machines – Dedicated ventilation: ...  Yes  No
  - Actors stationed at each end: .....  Yes  No
  - Lowered ceilings
  - Narrowing corridors
  - Moving or sinking floors, stairs, or walkways
  - Rotating tunnels
  - Sloping hard surface floors (10° or more)
  - Slides to move from one level to another
  - Strobe Lights
  - Trampolines or springboards
  - Unlit steps
- 9. Patrons are prohibited from touching or interacting with the displays or skits: .....  Yes  No
- 10. Sets do not use electrical shock machines or tricks: .....  Yes  No
- 11. There are no low hanging ropes, nooses, props or displays crossing the patrons path: .....  Yes  No
- 12. Sets or skits do not use or display authentic weapons (e.g., axes, chainsaws, drills, or knives): .....  Yes  No
- 13. Uneven walking surfaces, steps, or flights of stairs are supervised by a designated employee or volunteer during operating hours: .....  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. There are no low hanging ropes, nooses, props or displays crossing the tour path: .....  Yes  No
- 7. Sets or skits do not use or display authentic weapons (e.g., axes, chainsaws, drills, or knives): .....  Yes  No
- 8. You do not permit patrons to exit the unit before the entire trip is completed: .....  Yes  No
- 9. You do not permit Employees/Volunteers to board the wagon after it has left the start area: .....  Yes  No
- 10. Operators are over 18 years of age and qualified operators of the unit: .....  Yes  No
- 11. 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 enter or 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 information to obtain or amend insurance coverage or to make a 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 or an application 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