



## Haunted Event Application

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Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.
- Due to the variety of haunted attractions, we may contact you for more information.

### GENERAL INFORMATION

**Named Insured:** \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

Organization type: \_\_\_\_\_

**Street address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

### LIABILITY INFORMATION

**Required Limits of Liability:** \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Total Liability Requested: \_\_\_\_\_

\*Total is required liability plus chosen excess liability, if any.

**ATTRACTION INFORMATION**

**Opening date:** \_\_\_\_\_ **Closing date:** \_\_\_\_\_

Estimated number of patrons for entire period: \_\_\_\_\_

Estimated gross receipts for entire period: \_\_\_\_\_

Attraction is:  Existing Structure  Temporary Structure

How many years has this event been held before? \_\_\_\_\_

**How many stories tall is the attraction?** \_\_\_\_\_

**Are all entrances, exits, and/or steps adequately lit?**  Yes  No

**Are all stairs and/or steps adequately equipped with handrails?**  Yes  No

**Are there any ramps, slides, trap doors, or moving floors?**  Yes  No

If Yes to any of the above, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will live actors be used in the attraction?  Yes  No

**Will any actors be in any type of contact with patrons?**  Yes  No

If Yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will children under 6 be required to be accompanied by an adult?  Yes  No

**Will any animal(s), reptile(s), or hangman's noose(s) be used?**  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Will any moonwalks or similar devices be used?**  Yes  No

### FRAUD STATEMENT

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.

### WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

**Name of Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR BROKER USE ONLY**

Name of Authorized Agent or Broker: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_