

# Specialty Lines

## UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226  
Phone: 414-778-3560 • Fax: 414-778-3598

### HAUNTED HOUSE GENERAL LIABILITY APPLICATION

Applicant's Name \_\_\_\_\_  
Trade Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

House Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture  Other (Specify) \_\_\_\_\_  
Inspection/Audit Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Square Footage Building Area: \_\_\_\_\_ Years in Business \_\_\_\_\_  
Dates of Event: \_\_\_\_\_ Time(s): From: \_\_\_\_\_ To: \_\_\_\_\_  
Name of Event: \_\_\_\_\_

1. Estimated Attendance \_\_\_\_\_ Estimated Participants \_\_\_\_\_  
Maximum capacity at location of event \_\_\_\_\_
2. Estimated Gross Receipts \$ \_\_\_\_\_ Price of Admission \_\_\_\_\_
3. Detailed description of event (attach advertising brochures, advertising, flyers, etc., if any)  
\_\_\_\_\_  
\_\_\_\_\_
4. Indicate approximate age bracket of public attending event (indicate minimum age and special handling of young children) \_\_\_\_\_
5. Will event be held  Indoors  Outdoors   
Have local health department codes been determined regarding restroom facilities?  Yes  No  
If outdoors is the area fenced or otherwise enclosed?  Yes  No
6. Crowd Control/Security:  
Type and approximate number of:  Ushers  Private security  Off-Duty Police  
If hired security, are certificates of insurance required?  Yes  No
7. Does applicant have Workers' Compensation coverage in force?  Yes  No \_\_\_\_\_ Estimated Payroll \_\_\_\_\_
8. Does applicant lease employees?  Yes  No
9. Applicant's experience in conducting events of this or similar nature (number, dates, etc)  
\_\_\_\_\_  
\_\_\_\_\_
10. Will bleachers or platforms be involved?  Yes  No Type:  Portable  Permanent  
Back / side railing provided?  Yes  No

11. Has this event been held by applicant in the past?  Yes  No Number of years: \_\_\_\_\_  
 Provide details of all Losses, Claims or Incidents, Insured or Uninsured, in all Events in the past 5 years:

12. Premium and Loss Record for the last five (5) years:

Policy Period	Name of Carrier	Premium	Losses	Total Amount of Losses Paid and/or Reserved

13. Is food or refreshment sold on premises?  Yes  No  
 If Yes: Any Alcoholic Beverages?  Yes  No  
 Is Insured responsible for the food/ beverages.  Yes  No  
 Any cooking on premises?  Yes  No  
 If yes please describe

14. Describe how guests are escorted: Lead and follow up guides?  
 Door Monitors? Constant observation by monitors? Maximum Group Size?

15. First Aid/Medical Facilities?  Yes  No

16. Please describe the attractions and attach a floor plan (including exits and entrance)

17. Are there any:

	Yes	No
stairs (unlighted)	<input type="checkbox"/>	<input type="checkbox"/>
slides	<input type="checkbox"/>	<input type="checkbox"/>
fire or open flame	<input type="checkbox"/>	<input type="checkbox"/>
movable floors, sinking floors	<input type="checkbox"/>	<input type="checkbox"/>
touching of spectators	<input type="checkbox"/>	<input type="checkbox"/>
electric shock devices	<input type="checkbox"/>	<input type="checkbox"/>
live animals?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all yes answers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. Are there any special effects:?

19. Insurance Requested: Policy Period: Limits: \$ \_\_\_\_\_ each occurrence \_\_\_\_\_ aggregate  
 \$ \_\_\_\_\_ fire damage Med Pay Excluded  
 Deductible: \$1,000 per occurrence minimum

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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