



Insurance Correlators, Inc.

1140 N McLean Blvd Suite # I

Elgin Il 60123

Tel: 847.695.8200 Fax: 847.695.8760

Haunted House General Liability Application

Applicants Name: _____

Mailing Address: _____

Event Name: _____

Event Address: _____

Website: _____

Applicant is: Individual ____ Corporation ____ Partnership ____ Joint Venture ____ Other ____

Inspection/Audit Contact: _____ Telephone: _____ Fax: _____

Dates of Event: _____ Time(s) From: _____ To: _____

1. Estimated Attendance: _____ Last Years Attendance: _____
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. Approximate age bracket of public attending event (indicate minimum age and special handling of young children) _____

5. Is event held: Indoors? Outdoors?
If outdoors is the area fenced or otherwise enclosed? Yes No

6. Crowd Control / Security:
Do you use or hire: Ushers _____ Private Security _____ Off-Duty Police _____ How many? _____
If hired security, are certificates of insurance required? Yes No
First Aid / Medical Facilities: _____

7. Employees:
How many: Employees _____ Leased Employees _____ Volunteers _____
Do you have Workers Compensation Coverage in force? Yes No
Estimated Payroll: _____

8. Will bleachers or platforms be involved? Yes No Back/Side Railings: Yes No
Restroom Facilities: Restrooms _____ Portable _____ Haunted House Experience: _____

9. Applicants experience with Haunted Houses or events similar in nature (Years, number, dates, etc.)

10. Provide details of losses, claims or incidents (insured or uninsured) in all events in the past 5 years:

11. Premium and Loss Record for the last 5 years:

Policy Period	Carrier	Premium	Losses	Loss Amount

12. Is food or refreshment sold on premises? Yes No Outside Vendor: Yes No

Type of food sold: _____

If yes: Any alcoholic beverages? Yes No

Any cooking on premises? Yes No

If yes, please describe: _____

13. How are guests escorted? _____

Do you use lead or follow up guides? Yes No If yes, how many? _____

Door monitors? Yes No

Maximum Group Size? _____

14. Please describe attractions and attach a floor plan: _____

15. Are there any?

	YES	NO	
Stairs (unlighted)	<input type="checkbox"/>	<input type="checkbox"/>	Please explain any other special effects and devices _____ _____ _____ _____
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"/>	
Electrical shock devices	<input type="checkbox"/>	<input type="checkbox"/>	
Live animals/ insects / reptiles	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Machines	<input type="checkbox"/>	<input type="checkbox"/>	
Bubble Machines	<input type="checkbox"/>	<input type="checkbox"/>	
Strobe lights	<input type="checkbox"/>	<input type="checkbox"/>	

Please explain all yes answers _____

18. Are there any special effects? _____

17. Are there any other events going on during the operation of the haunted house? (ie: djs/bands, hay rides, contests) _____

Insurance coverage will be written with limits of \$1,000,000 per occurrence and an annual Aggregate of \$2,000,000. Medical payments will be excluded from this policy.

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

Representation: The Insured represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Insured further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.). If the Insured has withheld any such information, the Insured understands that its coverage may be voided. The Insured further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

NO INSURANCE SHALL BE GRANTED UNLESS ALL QUESTIONS ARE FULLY ANSWERED AND SUBMITTED WITH 5 YEARS CURRENTLY VALUED HARD COPY LOSS RUNS.

Insured Signature _____ Date _____

Agent Signature _____ Date _____