

Haunted House Supplemental Application

1. Name of Applicant: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Applicant's Website Address: _____
 Applicant's Experience: _____ Years
2. Name of Event: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Event's Website Address: _____
3. Dates of event: From: _____ to _____
 Operating Hours: From: _____ to _____
 Total number of operating days: _____
 Coverage dates requested: From: _____ to _____
4. Is this event part of a larger event? Yes No
 If yes, please explain: _____
5. Is security provided? Yes No
 If yes, please provide full details of security measures provided on Attachment to A93
 Security provided by: Employees of Applicant Local or State Police Independent Firm or Contractor
 Other (please explain): _____
 Certificate of Insurance required from independent security contractor? Yes No
 Are independent contractors required to name applicant as additional insured on their policy? Yes No
 Limits of Liability required: _____
6. Number of employees: _____ Number of leased employees: _____
 Number of volunteers: _____ Number of subcontractors: _____
 Is Workers' Compensation coverage in force? Yes No
 Are employees/volunteers allowed to use weapons? Yes No
 (*Knives, guns, chainsaws, etc., other than rubber or plastic?*)
 Are employees/volunteers allowed to chase and/or touch patrons? Yes No
7. Is admission: General Admission By Invitation Only
 Maximum capacity of the location holding this event: _____
 Are there admission fees? Yes No
 If yes, what is the admission price: \$ _____ Attendee Average Age: _____
 Estimated gross sales: \$ _____ Prior year's gross sales: \$ _____
 Total estimated attendees for event: _____ Total estimated attendees per day: _____
 Total estimated attendees prior year: _____
8. Is the Haunted House indoors? Yes No
 How many stories in the structure: _____ Which stories does the applicant occupy: _____
 Any emergency exits? Yes No
 Are all exits well lit? Yes No
9. Is the Haunted House outdoors? Yes No
 Is the area fenced or otherwise enclosed? Yes No
 If yes, please explain: _____
 The Haunted House is: Walk-Through Hay Ride
10. Any pre-entry instructions posted (i.e. no running, exit locations, etc.)? Yes No
 If yes, please explain: _____

11. Does the Haunted House contain any of the following? (Check all that apply)

- Chutes Trap Doors Slides Moving Floors/Sinking Floors
 Unlit Stairs Smoke Machines Live Animals Empty Hanging Nooses Fire/Open Flames

Any other obstacles?

Yes No

If yes, please explain: _____

12. Are attendees escorted? Yes No

Maximum group size: _____

Are lead or follow-up guides used? Yes No

Number of guides: _____

Are all doors monitored? Yes No

13. Concessions sold or displayed on premises? Yes No

Are outside vendors used? Yes No

If yes, please provide list of vendors: _____

Type of food being sold: _____

Is cooking done on premises? Yes No

If yes, please explain: _____

14. Will alcoholic beverages be sold, served or consumed? Yes No

Applicant's Signature

Date

Title

Producing Agent

