HAUNTED HOUSE SUPPLEMENTAL Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured:

Website:

GENERAL INFORMATION

1. Years of experience this insured has operated a haunted house.
2. Expected number of admissions:
3. Cost per admission Adult: $      Child: $
4. Expected total receipts $
5. Dates the haunted house will be open are:       to
6. Requested effective dates (to include set up and tear down):       to
7. Additional insured requested?  Yes  No

If yes, for landlord:       , other (please describe):

1. Describe building and construction:
2. Age:       # of stories:       Condition:
3. Is this held in an old abandoned house?  Yes  No
4. Is this a religious themed haunted house?  Yes  No
5. Are there separate entrances and exits?
6. Has the house been inspected by a Fire Marshall?  Yes  No
7. Does the house meet all local, city and state codes?  Yes  No
8. Describe any temporary structures:
9. Are any of the following present?

Chain saws or other dangerous items

Electric Shock Devices

Fire or Flash Powders

Moveable Floors

Sinking Floors

Slides

Unlit stairs

Suspended Bridges

1. Describe special effects:
2. Does the applicant have lead and/or follow-up guides?  Yes  No
3. Does the applicant have a door monitor?  Yes  No
4. Ratio of attendants to the public:
5. Number of persons per group:
6. Age range of clients:       Are children supervised?  Yes  No
7. Does the applicant have any of the following exposures?

Participate in stunts?  Yes  No

Chase the public?  Yes  No

Touch the public?  Yes  No

Water?  Yes  No

1. Any use of live animals?  Yes  No

If yes to any of the above please explain:

1. Does the applicant have wagon/hay rides?  Yes  No
2. If yes, does the wagon have rails so people don’t fall off?  Yes  No
3. Does the wagon cross public roads?  Yes  No
4. Are there characters chasing the wagon?  Yes  No
5. Does applicant have a gift shop or concession stand?  Yes  No

If yes, receipts: $

## IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature Title Date

Producer Signature Date