

# InPro Insurance Group, Inc.

PO Box 99100 Troy MI 48099

## Haunted Attraction Application

Named Insured: \_\_\_\_\_ How did you hear of InPro? \_\_\_\_\_

Insured is: Individual  Partnership  Corporation  LLC  For Profit  Non-Profit  Federal ID # \_\_\_\_\_

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

Location Address: \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Dates of Operation: From \_\_\_\_\_ To \_\_\_\_\_ Extra Days for Set Up & Take Down? Give dates \_\_\_\_\_

Estimated Daily Attendance: \_\_\_\_\_ Estimated Daily Receipts \$ \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Ticket Price \$ \_\_\_\_\_ Yrs in Business \_\_\_\_\_ Actual # of Days Open to the public: \_\_\_\_\_

Web Address \_\_\_\_\_

### Liability Information

Do you operate a concession stand? Yes  No  If yes, concession receipts \$ \_\_\_\_\_ Do you contract this out? Yes  No

Additional Insured \_\_\_\_\_

Address \_\_\_\_\_

Interest \_\_\_\_\_

Age of Building: \_\_\_\_\_ Number of Exits \_\_\_\_\_ Number of Stories \_\_\_\_\_ Sprinkler system? \_\_\_\_\_

Are stairs equipped with handrails? Yes  No  Are stairs lighted? Yes  No  Are live actors used? Yes  No

What type of props are used \_\_\_\_\_

Any restrictions for health condition/pregnancy \_\_\_\_\_ Do you provide parking? \_\_\_\_\_ Lighted? \_\_\_\_\_

Any posted restrictions: \_\_\_\_\_ Chaperones required? Yes  No  Employees trained in first-aid? \_\_\_\_\_

Describe Scenes/Dramas/Special Effects \_\_\_\_\_

Any contact between actors & public \_\_\_\_\_

Type of premises: Trailer  Dwelling  Commercial building  Other \_\_\_\_\_ Building Construction (frame brick etc) \_\_\_\_\_

Are patrons guided through? \_\_\_\_\_ Ratio of guides to patrons \_\_\_\_\_ Fire extinguishers? \_\_\_\_\_ Smoke Detectors? \_\_\_\_\_ Emergency lights? \_\_\_\_\_

Describe Security including # of security personnel \_\_\_\_\_ Armed? \_\_\_\_\_

Number of years attraction has operated \_\_\_\_\_ Prior Insurance Carrier: \_\_\_\_\_ Premium \$ \_\_\_\_\_

Prior losses: Describe losses whether covered by insurance or not: \_\_\_\_\_

Limits of Liability Requested \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate Hired/Non Owned auto ? Y / N

**Hayrides:** Pulled by horse \_\_\_\_\_ Tractor \_\_\_\_\_ **Maze:** Number of Acres \_\_\_\_\_ Lighted? \_\_\_\_\_

Does wagon have sides? Yes  No  Capacity \_\_\_\_\_ Age requirements \_\_\_\_\_ Attendants on board? \_\_\_\_\_

Does wagon travel on public roads? Yes  No  Does Wagon have lights and safety triangle? Yes  No

**Are you interested in a Quote for Sets & Equipment?** \_\_\_\_\_ **Value of Equipment \$** \_\_\_\_\_ **How is equipment secured?** \_\_\_\_\_

Describe use of special effects, such as: Chutes, ladders, slides, naked hangman nooses, moving floors, trap doors, open flames, electric shows.

Provide full details: \_\_\_\_\_

Return Application and supplemental material to:

**InPro Insurance Group, Inc.**  
**Phone 800-569-6465 Fax 248-526-3261**  
[rwalker@inproagent.com](mailto:rwalker@inproagent.com)

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