

InPro Insurance Group, Inc.

2095 E Big Beaver Ste 100 Troy MI 48083 800-569-6465

Haunted Attraction Liability 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 Insureds

Name & Address _____

Name & Address _____

What interest do they have in your event (i.e. Landlord, Sponsor) _____

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? _____

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? _____

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

Provide details of your attraction: _____

Return Application and supplemental material to:

InPro Insurance Group, Inc.

Phone 800-569-6465 Fax 248-526-3261

www.hauntinsurance.com insure@inproagent.com

This is an application only and does not constitute a binder of insurance or in any way bind InPro Insurance Group, Inc. to obtain the coverage requested. No coverage is afforded unless and until a policy or formal written binder of insurance is issued by a carrier.

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Haunted Attraction Equipment Application

Named Insured: _____ How did you hear of InPro? _____

Check here if same as Liability Application

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

Mailing Address: _____

Location Address: _____

Contact Name _____ Phone _____ Fax _____ Yrs in Business _____

Email _____ Effective Dates: From _____ To _____

Equipment

Description of Equipment (sets, props, sound equipment lighting equipment, etc)

Total Limit of Insurance Requested: \$ _____ Value/description of largest piece \$ _____ / _____

Is equipment ever rented to others? _____ If so, what is value of rented equipment? \$ _____

Describe security while in use (how do you prevent losses)?

Where is property kept when not in use? _____

Describe security while not in use (how do you prevent losses)?

Do you travel with equipment? _____ If so, where, how often and describe security measures in place to prevent losses

Describe you attraction/event:

Prior Carrier _____ Premium \$ _____

Describe any prior claims whether covered by insurance or not:

Attach equipment list

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Haunted Attraction Volunteer Accident Application

Named Insured: _____ How did you hear of InPro? _____

Check here if same contact/mailling information as Liability Application

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

Mailing Address: _____

Location Address: _____

Contact Name _____ Phone _____ Fax _____ Yrs in Business _____

Email _____

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

Type of Event: _____

Average # of Volunteers per Day _____ Average Age of Volunteers _____

Describe duties of Volunteers:

Prior Carrier _____ Premium \$ _____

Describe any prior claims whether covered by insurance or not:

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Weather Application

Named Insured: _____ How did you hear of InPro? _____

Check here if same contact/mailling information as Liability Application

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

Mailing Address: _____

Location Address: _____

Contact Name _____ Phone _____ Fax _____ Yrs in Business _____

Email _____

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

Describe Event Fully _____

Has Event had previous Weather Insurance Coverage ? _____ If Yes, When? _____

Dates of Event	Hours of Event	Hours of Coverage	Limit Per Day
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

RAIN

Total Accumulation	1/100"	1/20"	1/10"	1/5"	1/4"	1/3"	1/2"	3/4"	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rain Free Hours:	Rain Free Hours Definition: _____ hours out of _____ hours				1/100"	2/100"	3/100"	5/100"	Other
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ALTERNATIVE PERIL OPTIONS

<input type="checkbox"/> Snow _____	<input type="checkbox"/> Lightning _____	<input type="checkbox"/> Fog _____
<input type="checkbox"/> Temperature <input type="checkbox"/> MAX _____ <input type="checkbox"/> MIN _____	<input type="checkbox"/> Hurricane _____	<input type="checkbox"/> Tornado _____
<input type="checkbox"/> Wind Speed _____	<input type="checkbox"/> Adverse Weather _____	<input type="checkbox"/> No Fly _____

Loss History:

Date of Loss	Loss Details	Amount Paid
		\$
		\$

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