



Gold Coast

Specialty Insurance Agency, Inc.

Frank E. Parkhurst IV
President

HAUNTED HOUSE LIABILITY INSURANCE SUPPLEMENT

(Haunted Houses * Graveyards * Corn Mazes * Walks * Hayrides)

APPLICANT'S NAME: _____ TITLE: _____

APPLICANT'S ORGANIZATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ TEL: _____ FAX: _____ EMAIL: _____

NAME OF "HAUNT": _____

LOCATION OF "HAUNT": _____ CITY: _____ STATE: _____ ZIP: _____

"HAUNT'S" WEBSITE ADDRESS: _____

NUMBER OF YEARS APPLICANT HAS HELD A HAUNTED HOUSE EVENT: _____

BUILDING INFORMATION

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IS THE HAUNTED HOUSE AN EXISTING STRUCTURE OR TEMPORARY? _____

CONSTRUCTION TYPE: _____ APPROX. AGE: _____ STORIES: _____ SPRINKLERED? _____

ARE ALL ENTRANCES, EXITS, STAIRWAYS AND/OR STEPS ADEQUATELY LIT? _____

ARE ALL STAIRWAYS AND/OR STEPS ADEQUATELY EQUIPED WITH HANDRAILS? _____

DO ALL BUILDINGS MEET OR EXCEED LOCAL ZONING AND FIRE CODES? _____

ARE UNUSED UPPER BUILDING STORIES BARRICADED AND MARKED? _____

IF YOU ARE HAVING A MAZE, NUMBER OF ACRES OF THE MAZE? _____ LIGHTED? _____

Gold Coast Specialty Insurance Agency, Inc.

505 Northern Boulevard, Suite 308 Great Neck, New York 11021

Tel: 516-466-5302 * Fax: 516-466-5361

Concerts, Sports and Special Events

SPECIAL EFFECTS/LAYOUTS/OPERATIONS

ARE THERE ANY RAMPS, SLIDES, TRAP DOORS OR MOVING FLOORS? _____ IF YES

PLEASE EXPLAIN: _____

ARE THEY ADEQUATELY LIGHTED AT TOP?__ BOTTOM?__) ARE THEIR LIVE ACTORS?__

Will ANY ACTORS, OR OTHERS, BE IN ANY TYPE OF CONTACT WITH PATRONS? _____

IF YES, PLEASE EXPLAIN: _____

ARE GUIDES USED?_____ MINIMUM AGE:_____ Ratio of GUIDES to PATRONS?_____

IS A SECURITY SERVICE UTILIZED?_____ ARMED?__ UNARMED?__ INSURED/BONDED?__

IS PARKING PROVIDED BY APPLICANT?_____ IS THE PARKING FACILITY WELL LIT?__

ARE ALL PERSONNEL TRAINED IN FIRST AID?_____ DISTANCE TO HOSPITAL?_____

PLEASE DESCRIBE IN DETAIL ALL "SPECIAL EFFECTS" (i.e., MECHANICAL DEVICES, SWORDS, KNIVES, HANGMAN ROPES, STROBE LIGHTS, OPEN FLAMES, ANIMALS, Etc.:_

WILL THERE BE ANY "MOONWALKS" OR SIMILAR DEVICES USED? _____ IF YES, PLEAS

EXPLAIN: _____

ARE WARNINGS POSTED > PREGNANT WOMEN AND/OR THOSE WITH HEART CONDITIONS?__

ARE HAYRIDES TRACTOR or HORSE DRAWN?_____ ON PRIVATE PROPERTY OR PUBLIC?__

DAYS OF OPERATION: FIRST DAY OF OPERATION:_____ LAST DAY:_____

ACTUAL ATTENDANCE LAST YEAR, PER DAY: _____ TOTAL:_____ GROSS RECEIPTS:\$_____

EST. ATTENDANCE PER DAY: _____ TOTAL: _____ EST. GROSS RECEIPTS: \$_____

APPLICANT'S SIGNATURE

TITLE

DATE