



Kinsale Insurance Company  
P. O. Box 17008  
Richmond, VA 23226  
(804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

## HAUNTED ATTRACTIONS APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### APPLICANT'S INFORMATION

- 1) DATE: \_\_\_\_\_
- 2) APPLICANT NAME: \_\_\_\_\_
- 3) MAILING ADDRESS: \_\_\_\_\_
- 4) STREET ADDRESS (If different): \_\_\_\_\_
- 5) CITY, STATE, ZIP CODE: \_\_\_\_\_
- 6) Description of Operations: \_\_\_\_\_
- 7) Website Address: www. \_\_\_\_\_

### GENERAL INFORMATION

- 1) Operating Dates: \_\_\_\_\_
- 2) Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- 3) Estimated Gross Receipts: \_\_\_\_\_
- 4) General Admission: \_\_\_\_\_
- 5) Parking Receipts: \_\_\_\_\_
- 6) Concessions (including food and beverage – excluding alcohol): \_\_\_\_\_
- 7) Alcoholic beverage (if any): \_\_\_\_\_  
Other: \_\_\_\_\_
- 8) Estimated attendance per day: \_\_\_\_\_ Estimated Square Footage: \_\_\_\_\_



## EMPLOYEE/VOLUNTEER SPECIFICATION – PROVIDE DETAILED INFORMATION FOR ALL “NO” RESPONSES

1. Our volunteers or employees cannot physically touch the customers during their skits. Yes  No
2. Our volunteers or employees are trained to deal with the public in this environment. Yes  No
3. Employees or volunteers are 18 years or older. Yes  No
4. We provide adequate medical or first aid services on site during operating hours. Yes  No
5. Public parking areas are well lit and supervised. Yes  No
6. Volunteers or employees keep walking surfaces clear of debris or obstacles. Yes  No
7. We prohibit the patrons from touching or interacting with the displays or skits. Yes  No
8. Displays do not include working power tools (e.g., saws, drills) or electrical shock machines or tricks. Yes  No
9. There are no low hanging ropes, nooses, props or displays crossing the customers path. Yes  No
10. We do not permit the public to bring pets (dogs or other animals) on the premises. Yes  No
11. We do not use flammables, pyrotechnics, fireworks, firecrackers, or flash explosives. Yes  No
12. We do not allow smoking on premises. Yes  No

## HAUNTED HOUSE SPECIFICATIONS

Type of Building or Structure:  Free standing structure  Interconnected mobile trailers  Temporary/Portable structures

1. The building meets all state, local, or governing agency life safety, fire and occupancy statutes, or requirements. (e.g., NFPA 101, Local Building Codes etc.) Yes  No
2. The building has been inspected and approved for occupancy by the local fire authority. Yes  No
3. Employees or volunteers are present throughout the facility during operating hours to monitor or assist patrons as they tour the displays. Yes  No
4. Uneven walking surfaces, steps, or flights of stairs are supervised by a designated employee or volunteer during operating hours. Yes  No
5. Is the haunted house more than one story? Yes  No
6. Do patrons use slides to move from one level to another? Yes  No
7. Are there moving or sinking floors, or moving or sinking stairs? Yes  No

## HAUNTED HAYRIDE/WAGON SPECIFICATIONS

1. The unit is propelled by: Tractor  Animal  Other motorized vehicle  (explain) \_\_\_\_\_
2. The unit was specifically designed, and constructed by others to transport people. Yes  No
3. The unit has permanently mounted seats for riders. Yes  No



- |    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 4. | The unit is properly equipped to prevent riders from falling. (guard rail, seat backs, handrails etc). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Wheel wells are properly covered/protected to prevent accidental contact with any moving parts.        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | You do not permit patrons to exit the unit before the entire trip is completed.                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | You do not permit employees/volunteers to board the wagon after it has left the start area.            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Operators are over 18 years of age and qualified operators of the unit.                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | The unit does not operate on, or cross any public street, road, highway, or thoroughfare.              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### HAUNTED MAZE SPECIFICATIONS

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | The maze was created by cutting pathways through growing crops.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | If the maze is not cut through growing crops but consisting of walls made from of bales, you meet or exceed minimum thickness and stabilizing requirements for this type of construction. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | All walking areas are level and free of uneven surfaces.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Your employees or volunteers monitor activities within the maze from a tower, bridge, platform, or other vantage point.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | There are adequate exits throughout the maze in the event patrons elect to exit without completing.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | You have a rodent/pest control program in place.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### HAUNTED WALKING TRAIL SPECIFICATIONS

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Your employees or volunteers guide patrons through the trail.                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Patrons may not leave the trail during the walk.                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Patrons may not leave the group without completing the entire attraction.           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | All walking areas are level and free of uneven surfaces.                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Patrons are not permitted to climb on interact with skits or displays.              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Your Employees or Volunteers may not touch patrons as they walk past their display. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | There are no hanging ropes, or empty nooses in any of the displays.                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | You have a rodent/pest control program in place.                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

#### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.



**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**

**The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**



Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

