

**HAUNTED HOUSE
APPLICATION**

Applicant Name: _____

Address: _____

Location: _____

Insured is: Individual Partnership Corporation Other
 New No. Years Held

Prior Carrier: _____ Prior Losses: _____

Effective Date: From: _____ To: _____

Admissions (Number of Persons)* _____ (Applicant's best estimate)

Description of Premises include construction and number of floors): _____

Limits Desired: \$ _____ Combined Single Limit Premium \$ _____

Description of Displays or Special Effects _____ State Tax: _____

_____ Policy Fee: _____

_____ TOTAL: _____

PREMIUMS ARE FULLY EARNED

CONDITIONS:

- a. No mechanical devices or machinery with moving parts.
- b. No buildings over one story in height.
- c. All stairways to be well lighted, and provided with handrails.
- d. No chutes & slides, trap doors, or naked noose (Hangman's Noose).
- e. Must be inspected by local fire marshall prior to opening.
- f. No use of live animals or reptiles.
- g. No physical contact.
- h. Warning posted for pregnant women or those with heart conditions.
- i. No open flames.