

Seasonal Events Supplemental Application

Applicant's Name _____

Agent Name _____

Address _____

Mailing Address _____

Proposed Effective Date:

From _____ To _____

Web Address _____

(12:01 am Standard Time at the address of the Applicant)

Applicant is: Individual Corporation Partnership Joint Venture LLC Other _____

States of Operation _____

Years doing business under current name: _____ years

Years of Experience _____ years

Have you worked under any other name? Yes No

If yes, please explain: _____

***NOTE: Any of the following exposures are Prohibited:**

- * Fireworks Stands * Pumpkin patches with stalks in maze area * Kiddie Rides or Amusement Devices
- * Cut-your-own X-Mas Tree Lots/Farms * Hayrides that go on or cross any roads, or don't have proper protective railings
- * Haunted Houses with insufficient lighting or exits, physical contact with patrons, moving floors, fire, socially unacceptable material, shocking devices, slides, or chainsaws.

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Damages to Premises Rented to you	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$ BI/PD per Claim - LAE

Description of Operations _____

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Description of Event:

Location(s) _____ of _____ event:
 Date(s) of event: _____ Length of event: (# days including set up & take down)
 Total attendance: _____ Maximum occupancy allowed: _____ # of Participants:
 Estimated age group: From _____ To _____ Total Receipts: \$ _____

Miscellaneous Questionnaire (Answer if it applies to the event)

- Are spike or metal stands used for trees? Yes No
 How are trees stored? _____
 How are dead trees disposed? _____
 Describe tree lot surroundings: _____
 Are hayrides available for patrons? Yes No
 If yes, where do the hayrides take place? _____
 Are railings in place on the trailers for the hayrides? Yes No
 Have the stalks been completely cut, with no stub protruding through the ground, for corn mazes? Yes No
 Do haunted houses use open flames, moving floors, slides, chainsaws or socially unacceptable material? Yes No
 Is there any contact allowed between patrons & haunted house employees? Yes No
 How many stories or levels does the haunted house have? _____ stories/levels
 Is smoking prohibited and are safety precautions in place with proper exits? Yes No
 Is this Seasonal Event a fundraiser? Yes No
- In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you? Yes No
 If yes, please describe. _____
 Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim? Yes No
 If yes, please describe. _____

Prior Carrier Information

Year	Carrier	Premium

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Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

This questionnaire does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Applicants Signature _____ Date _____

Agents Signature _____
