



## **How to return Your Application**

(Use for applications anywhere in the USA)

PLEASE FAX, OR EMAIL YOUR COMPLETED APPLICATION TO:

**Stratum Insurance Agency LLC**

**PHONE:** 949-270-0609

**FAX:** 949-270-0608

**Email:** [helpdesk@stratuminsurance.com](mailto:helpdesk@stratuminsurance.com)

Member Companies of Western World Insurance Group

Western World Insurance Company

Tudor Insurance Company

Stratford Insurance Company

## Supplemental Application For Haunted Houses

- 
1. Name of Applicant \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Applicant's Web Site Address \_\_\_\_\_  
Applicant's Experience \_\_\_\_\_ Years.
2. Name of Event \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Event's Web Site Address \_\_\_\_\_
3. Dates of event? From \_\_\_\_\_ To \_\_\_\_\_  
Operating hours? From \_\_\_\_\_  AM  PM To \_\_\_\_\_  AM  PM  
Total number of operating days? \_\_\_\_\_  
Coverage dates requested? From \_\_\_\_\_ To \_\_\_\_\_
4. Is this event part of a larger event?  Yes  No  
*If yes, please explain.* \_\_\_\_\_
5. Is Security provided?  Yes  No  
*If yes, please provide full details of security measures provided on Attachment to A93.*  
Security provided by?  Employees of Applicant  Local or State Police  
 Independent Firm or Contractor  Other? \_\_\_\_\_  
Security is?  Armed  Unarmed  
Certificate of Insurance required from independent security contractor?  Yes  No  
Independent contractors required to name Applicant as Additional Insured on their policy?  Yes  No  
Limits of Liability required? \_\_\_\_\_
6. Number of employees? \_\_\_\_\_ Number of leased employees? \_\_\_\_\_  
Number of volunteers? \_\_\_\_\_ Number of subcontractors? \_\_\_\_\_  
Is Worker's Compensation coverage in force?  Yes  No  
Are employees/volunteers allowed to use weapons?  
(Knives, guns, chainsaws, etc., other than rubber or plastic?)  Yes  No  
Are employees/volunteers allowed to chase and/or touch patrons?  Yes  No
7. Is admission?  General Admission  By Invitation Only  
Maximum capacity of the location holding this event? \_\_\_\_\_  
Admission fee?  Yes  No Admission price? \$ \_\_\_\_\_ Attendee average age? \_\_\_\_\_  
Estimated gross sales? \$ \_\_\_\_\_ Prior year's gross sales? \$ \_\_\_\_\_  
Total estimated attendees per day? \_\_\_\_\_ Total estimated attendees for event? \_\_\_\_\_  
Total estimated attendees prior year? \_\_\_\_\_
8. Is the Haunted House indoors?  Yes  No  
How many stories in the structure? \_\_\_\_\_ Which stories does the Applicant occupy? \_\_\_\_\_  
Any emergency exits?  Yes  No  
Are all exits well lit?  Yes  No

9. Is the Haunted House outdoors?  Yes  No  
 Is the area fenced or otherwise enclosed?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 The Haunted House is a  Walk-Through  Hay Ride
10. Any pre-entry instructions posted (i.e. no running, exit locations, etc.)?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
11. Does the Haunted House contain any of the following? (Check all that apply.)  
 Chutes  Trap Doors  Slides  Moving Floors/Sinking Floors  
 Unlit Stairs  Smoke Machines  Live Animals  Empty Hanging Nooses  Fire/Open Flames  
 Any other obstacles?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
- Any special effects not previously mentioned?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
12. Are attendees escorted?  Yes  No  
 Maximum group size? \_\_\_\_\_  
 Are lead or follow-up guides used?  Yes  No  
 Number of guides? \_\_\_\_\_  
 Are all doors monitored?  Yes  No
13. Concessions sold or displayed on premises?  Yes  No  
 Are outside vendors used?  Yes  No  
 If yes, please provide list of vendors. \_\_\_\_\_  
 Type of food being sold? \_\_\_\_\_  
 Is cooking done on premises?  Yes  No  
 If yes, please explain. \_\_\_\_\_
14. Will alcoholic beverages be sold, served or consumed?  Yes  No

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

Title \_\_\_\_\_ Producing Agent \_\_\_\_\_

