

HAUNTED HOUSE APPLICATION

Named Insured: _____

Mailing Address: _____

Years in Business: _____

Location of Haunted House: _____

Effective Dates and Hours: _____

Total Number of Days: _____

Limits of Liability

General Aggregate:	\$2,000,000
Products & Completed Operations Aggregate:	\$1,000,000
Personal & Advertising Injury:	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage (any one fire)	\$ 50,000
Medical Expense (any one person)	\$ 0
Other Coverages, Restrictions, and/or Endorsements	\$
Deductible:	\$ 1,000

Estimated Attendance: _____

Estimated Gross Receipts: _____

Security: _____

Number of Exits: _____

Live Actors: _____

If so, how is the public separated from the actors? _____

Special Effects: _____

Contact's phone number: _____

Contact's fax number: _____

Concessions? Food: _____

Other: _____

Applicants experience in conducting events of this or similar nature (numbers, dates, etc)

Any liquor sold? _____

Liquor Liability coverage needed: _____

If so, estimated gross receipts: _____

Beer: _____ Wine: _____ Liquor: _____

First Aid Facilities: _____

Previous Insurer. Indicate premium and losses for the past three years. Describe all losses:

YEAR	COMPANY	POLICY NUMBER	PREMIUM	LOSSES PAID	LOSS RESERVES
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DESCRIPTION OF HAUNTED HOUSE: _____

Applicants Signature: _____ Date: _____

Agent's Name: Cossio Insurance Agency
Address: PO Box 1304
Fountain Inn, SC 29644
Phone 864-862-2838
Fax 801-640-9298