

*Liability Coverage for*

## Haunted Houses

### R.I.P.

With peace-of-mind coverage for Haunted Houses from **SierraSpecialty** you won't be haunted by the unknown.



**SierraSpecialty** offers Commercial General Liability coverage for haunted houses, haunted forests and haunted hay rides.

Coverage is available on a seasonal, short-term basis and can be written stand-alone or as part of a larger event.

For more information on our company, visit our web site at:  
[www.SierraSpecialty.com](http://www.SierraSpecialty.com)

### General Liability\* –

Limits Available:

\$100,000/200,000

\$300,000/600,000

\$500,000/1,000,000

\$1,000,000/1,000,000

\$1,000,000/2,000,000

\$2,000,000/2,000,000

*\*Defense is OUTSIDE the limit.*

08/2008

**Sierra Specialty Insurance Services, Inc.**  
**389 Clovis Ave., Suite 100**  
**Clovis, CA 93612**  
**Toll Free 866-814-9378**  
**Fax 559-256-6950**  
**CA Insurance License #0E81019**



**SierraSpecialty**

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company



SierraSpecialty

# 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?  Yes  No  
 (Knives, guns, chainsaws, etc., other than rubber or plastic?)  
 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 \_\_\_\_\_

