



BECKMAN INSURANCE AGENCY



2878 S. 171st St.
New Berlin, WI 53151

www.beckmaninsurance.com

Phone: (262) 797-8160

(800) 345-2881

Fax: (262) 797-9048

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Haunted Event Application

Please note:

- Questions marked in **bold** are required.
- Complete the application as fully as possible to ensure an accurate quote.
- If you have any questions please contact our offices at (804) 754-7610.
- Due to the variety of haunted attractions, we may contact you for more information.

GENERAL INFORMATION

Named Insured: _____

Applicant's name: _____

Organization type: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail address: _____

LIABILITY INFORMATION

Required Limits of Liability: \$1,000,000 occ / \$2,000,000 agg

Excess Liability: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

Total Liability Requested: _____

*Total is required liability plus chosen excess liability, if any.



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ATTRACTION INFORMATION

Opening date: _____ **Closing date:** _____

Estimated number of patrons for entire period: _____

Estimated gross receipts for entire period: _____

Attraction is: ___ Existing Structure ___ Temporary Structure

How many years has this event been held before? _____

How many stories tall is the attraction? _____

Are all entrances, exits, and/or steps adequately lit? ___ Yes ___ No

Are all stairs and/or steps adequately equipped with handrails? ___ Yes ___ No

Are there any ramps, slides, trap doors, or moving floors? ___ Yes ___ No

If Yes to any of the above, please explain in detail: _____

Will live actors be used in the attraction? ___ Yes ___ No

Will any actors be in any type of contact with patrons? ___ Yes ___ No

If Yes, please explain in detail: _____

Will children under 6 be required to be accompanied by an adult? ___ Yes ___ No

Will any animal(s), reptile(s), or hangman's noose(s) be used? ___ Yes ___ No

If Yes, please explain: _____

Will any moonwalks or similar devices be used? ___ Yes ___ No



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FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers on this application. I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage. It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or the company until accepted by the company or companies in writing.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

FOR BROKER USE ONLY

Name of Authorized Agent or Broker: _____

Name of Agency: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____