

## Section 1: APPLICANT INFORMATION

Company Name:		Business Name:	
Contact Name:		Address of Applicant:	
City:		State:	Zip:
Phone Number:		Email Address:	
Website Address:		DOB:	FEIN/SS#:

## Section 2: GENERAL INFORMATION

How did you hear about us?	
1. Date(s) of Event:	Time(s):
2. Name of Haunted House:	3. Name of Facility:
4. Location of Haunted House:	
5. Description of Haunted House:	
6. Has this Event been held in the past by the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, for how many Years?:	
7. Estimated Attendance Per Day?	8. # of Tickets Printed?
9. # of Tickets Sold to Date?	10. Price of Admission?
11. Estimated Gross Receipts?	12. Estimated Total Payroll?
# of Employees & Volunteers	
Total number of participants: 12 & younger      13-15      16-18      19 and older	
13. What are the Limits of Liability Requested?	
General Aggregate: \$	Products Aggregate: \$
Each Occurrence: \$	Personal/Adv Injury: \$
Fire Damage: \$	Medical Payments: \$
13. Is this Event Located Indoors or Outdoors? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
If Outdoors, Is the Area Fenced or Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Please describe in detail all "Special Effects"	

**Section 2: GENERAL INFORMATION (Continued)**

15. Are there any Ramps, Sliders, Trap Doors or Moving Floors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please describe:		
16. Are they adequately lighted at the Top? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bottom? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Are all Entrances, Exits Stairways and/or Steps adequately lit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Are all Stairways and/or Steps adequately equipped with Handrails? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Will any Actors, or Others, be in any contact with Patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
20. Are Attendants trained in first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Distance to the Hospital?	
22. Are Guides used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum Age:	
Ratio of Guides to Patrons?		
23. Is a Security Service utilized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Armed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Will there be any "Moonwalks" or Inflatables used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
25. Are Warnings posted for patrons with Heart Conditions and/or Pregnant Women? <input type="checkbox"/> Yes <input type="checkbox"/> No		
26. Are there fire extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency exits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. If you are having a Maze, number of acres of the Maze?		
Is the Maze lighted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Will there be Hayrides? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tractor or Horse Drawn?	
Does the wagon have sides? <input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity?	
Age Requirements?	Attendant on Board?	
On Public or Private property?		
29. Prior Insurance Carrier?	Premium:	
Insurance ever been cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance ever refused to renew? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 2: GENERAL INFORMATION (Continued)**

Please describe any losses over \$5,000.00

30. Name, Address and Relationship of all Additional Insureds to be Added to the Policy:

**ADDITIONAL INSURED #1**

Name:	Relationship:
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Address:

**ADDITIONAL INSURED #2**

Name:	Relationship:
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Address:

**ADDITIONAL INSURED #2**

Name:	Relationship:
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Address:

*Please Attached All Hold Harmless Agreements, Brochures and a Diagram of Location(s) to be Used.*

Signature of Applicant:

Printed Name of Applicant:

Date:

Email completed application to [apps@cossioinsurance.com](mailto:apps@cossioinsurance.com) or Fax to: 864-688-0138

**POLICY RECOMMENDATIONS (Please check any you are interested in)**

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse / Molestation	<input type="checkbox"/> Cyber Liability



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**Section 3: Cyber Liability**

1. Do you process payment cards?  Yes  No

2. Estimated annual number of payment card transactions

**Section 4: Warranty**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**Section 5: Signature**

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: