



KALIFF INSURANCE
ESTABLISHED 1917

HAUNTED HOUSE — APPLICATION

Name of Insured (as will appear on policy): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Contact Person: _____

Day phone: _____ Night phone: _____ Fax: _____

Location of Haunted House: _____

Years in Business: _____ Inception Date: _____

Hours of Operation: _____ Days of Operation: _____

Estimated Attendance: _____ Estimated Gross Receipts: _____

Security: _____ Number of Exits: _____

Live Actors: Yes No If so, how is the public separated from the Actors? _____

Special Effects: _____

Concessions: Yes No Food: Yes No Other: _____

Applicants experience in conducting events of this or similar nature (number, dates, etc.): _____

Any liquor sold? Yes No Liquor Liability coverage needed? Yes No

If so, estimated gross receipts: Beer _____ Wine: _____ Liquor: _____

First Aid Facilities: _____



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HAUNTED HOUSE — APPLICATION (continued)

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

Year	_____	_____	_____
Company	_____	_____	_____
Policy Number	_____	_____	_____
Premium	_____	_____	_____
Losses Paid	_____	_____	_____
Reserves	_____	_____	_____

ADDITIONAL INFORMATION:

I attest that the information provided above is true and correct.

Signature Title Date