



Associated Underwriters, Inc.
 9412 Giles Road
 LaVista, NE 68128

Phone: 402.592.0900
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Pumpkin Patches / Christmas Tree Lots / Corn Mazes

Required Attachments: Acord-125 and Acord-126
Diagram of Corn Maze Required

1. Applicant's Name: _____
2. Location: _____
3. Period of insurance requested: _____
4. Describe procedures followed to keep lot free of hazards: _____

5. Describe night lighting: _____

6. Describe maintenance procedures for parking lot and walkways including ice and snow where applicable: _____

7. Is lot cleaned of all debris prior to the applicant leaving the premises at the end of the season? Yes No
8. Any Hay, Sleigh Rides or Pumpkin Patch Conveyance? Yes No
 If yes, is adult supervision is required? Yes No
 Do wagons have side rails? Yes No
 Any travel on or across public roads? Yes No
9. Any activities other than Pumpkin Patch, Corn Maze, or Christmas tree sales? Yes No
 If yes, please describe: _____

10. Any transportation of customers on ATV's or other off-road vehicles? Yes No
 If yes, please describe: _____

11. Any farming operations? Yes No
 Acreage? Yes No
12. Any "haunted" activities? Yes No
 Touching allowed? Yes No
 Mechanical devices? Yes No
 If answered yes to any, please describe: _____

13. Projected Sales \$ _____
14. Will there be any exhibitions, demonstrations, parades or pageants? Yes No
 If yes, please describe: _____

15. Any use of Yes No
 Private security? Yes No
 Off-duty police? Yes No
 Guard dogs? Yes No
16. If private security is used, are certificates of Insurance required? Yes No
17. Will applicant be responsible for any food or refreshment sold on premises? Yes No
18. Name, address, and relationship of additional insured, if any:

Corn Maze Specific Questions:

19. Number of acres: _____

Operation hours: _____

Leased Owned

20. Is there a tower from which spotter can view the entire maze? Yes No
If no tower, what are procedures for assisting a confused customer? _____

21. Is the maze checked at closing time to verify all customers are out? Yes No

22. Describe how maze is secured when not in operation. _____

APPLICANT'S STATEMENT

I hereby attest that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature of Applicant: _____

Date: _____

Signature of Producer: _____

Date: _____