

HAUNTED HOUSE SUPPLEMENTAL APPLICATION

(Attach to a fully completed ACORD Application)

Name and Address of Applicant

Location of Haunted House

Building Information

Original Occupancy of Building? ____ If not, describe the prior occupancy

Construction Type: _____ Age of Building: _____

Number of Stories: _____ Sprinklered? _____

Date last inspected by Fire Department? _____ Number of Exits: _____ Are they lighted? _____ Are stairways lighted and marked? _____ Are stories not used barricaded and marked? _____

Number of Acres of Maze? _____

Special Effects/Layout/Operations

Are there any slides? ____ number of slides ____ Are slides adequately lighted at top? ____ at bottom? ____

Are there any ramps? ____ If so, describe:

Are there Removable/Dropping Floors? ____ Live actors? ____ Is the touching of customers by actors permitted? _____

Are guides used? _____
What is the minimum age of any guide? _____
How many customers allowed in each group? _____
Ratio of guides to customers? _____
Are guides stationed at beginning and at end of each group? _____
What is the minimum age of supervisors? _____
Is a security service utilized? _____ Armed or unarmed? _____

Describe in detail special effects (such as, mechanical devices; swords; knives; hangman ropes; strobe lights; open flames; etc. _____

Is parking provided by the applicant? _____
Are all personnel trained in First Aid? _____

Days of Operation

What is the first day of operation? ___/___/___ What is last day of operation? ___/___/___
What is the total number of days open to public? _____
What days of the week is the risk open for customers? Circle all that apply:
Sun__ Mon__ Tue__ Wed__ Thu__ Fri__ Sat__
Is coverage needed for any days not open to public? _____
When _____ Cost per person for entry? _____

IMPORTANT! Estimated total attendance _____
Estimated Receipts \$ _____

Applicant's Signature

Date