

Haunted House/Maze General Liability Insurance Application

JCI Minnesota has a \$1,000,000 liability insurance policy that covers haunted house/maze events with the agency Insurance By Design which runs for September 22, 2017 to September 22, 2018.

Chapter Requirements

- ✓ All accounts receivable must be paid up to date
- ✓ In addition to the application, you must include an outline of your event that includes safety procedures and the layout of the event.
- ✓ Chapters are responsible for the per occurrence deductible, which may be up to \$2,500.
- ✓ Failure to comply with any of these stipulations will result in non-coverage of the event and loss of “good-standing” status of your chapter. Chapters not in good standing are ineligible to vote or receive awards.

Process to Apply

- ✓ Email your application to insurance@mnjaycees.org and mail your cost-sharing fee to the Chapter Service Center. Please allow 30 days to process; email insurance@mnjaycees.org right away if you need something short notice.
 - Questionnaire for each known event (make sure to indicate if you need another entity named as an additional insured, i.e. Chamber, City, another non-profit, etc.).
 - Check issued with application to cover your share of the cost for the haunted house/maze general liability (based on estimated attendance). The cost-sharing fee is per single event.
- **NOTE:** You must pay the cost-sharing fee for the insurance before the certificate will be issued.

Questions and Contacts

For questions regarding this policy or to request a certificate of insurance please contact the Executive Director exccdirector@mnjaycees.org. If you have specific questions about how to set up your event properly and how to manage your haunted house/maze liability insurance, you can contact our insurance agent at: Insurance By Design, Lu Ann Paulet, 952-808-7005, luannp@insurancedesign.net.

Please return this completed form, the requested attachments, and the appropriate cost-sharing fee to:
JCI Minnesota, 1405 Lilac Drive N, Suite 125, Golden Valley, MN 55422

<u>Estimated Attendance (total)</u>	<u>Cost- Sharing Fee</u>
Less than 100	\$100
100 – 249	\$200
250 – 399	\$300
Over 400	\$500

Name of Chapter _____

Address _____

Name/Title of Person Completing Application _____

Phone Number _____ E-Mail (write clearly) _____

The signature of the chapter president or other designated chapter member signifies that you have read and agree to the above stipulations and agree to comply with each.

Signature _____

Printed Name/Title _____

Date _____

Name of Event _____

Date(s) of Event _____

Please attach the following with your application:

- ✓ Include an outline/description of event, including safety procedures and anything you are doing to protect the safety of attendees.
- ✓ List any “Additional Insureds” needed and indicate where to send certificates to.
- ✓ Include the signatures of the chapter president and one other chapter officer on your outline of the event.

Questionnaire

General Information

Name of Chapter _____

Name/Title of Person Completing Application _____

Phone Number _____ E-Mail _____

Address _____

Event Information

1. Name of Event _____ Date(s) of Event _____

2. Event Description _____

3. Estimated Attendance Each Day _____ Charge per attendee _____

4. Number of attendees in each touring group _____

5. Number of staff on duty at all times _____

6. Is there interaction allowed between volunteers and patrons _____

If so, describe safety precautions _____

Physical Location Information

7. Location Description _____

Physical Address _____

** (Please attach a diagram of the layout of the haunted house)**

USE OF SPECIAL EFFECTS (CHECK ALL THAT APPLY):

- Movable Floors
- Sinking Floors
- Slides
- Bridges/Ramps
- Hangmen's Rope
- Guillotines
- Swords/Knives
- Moonwalks
- Strobe Lights (must post signage)
- Other _____
- Other _____
- Other _____

SPECIAL CONSIDERATIONS/SAFETY PROCEDURES FOR ANY OF THE SPECIAL EFFECTS LISTED:

8. PLEASE DESCRIBE ANY SAFETY PROCEDURES POSTED ON PREMISES (ATTACH IF NECESSARY)

9. Note the following emergency information (attach if necessary):

Location of smoke detection devices _____

Location of fire extinguisher(s) _____

Back-up power & lighting plans _____

Evacuation plans _____

10. DO YOU NEED TO PROVIDE PROOF OF INSURANCE TO ANYONE FOR THIS EVENT? YES NO

Certificate holder information:

Name: _____

Address: _____

Fax or email address to send proof: _____

11. DO THEY WANT TO BE LISTED AS ADDITIONAL INSURED FOR THE EVENT? YES NO

If yes, do you have a written contract with them requiring that you list them as additional insured? Yes No

Signatures of Chapter President and one other officer:

_____ Signature	_____ Printed Name/Title	_____ Date
_____ Signature	_____ Printed Name/Title	_____ Date



ADDITIONAL INSURED AGREEMENT

Please complete this form and submit with any insurance request that requires an entity to be listed as an additional insured. Contact the Executive Director (insurance@mnjaycees.org) with any questions.

DATE: _____

It is agreed that the _____ Jaycees are participating in the following event and agree to add _____ as an Additional Insured to the current general liability policy.

NAME OF EVENT: _____

DATE OF EVENT: _____

Chapter Contact

Date

Additional Insured Contact

Date