

51 Harvard Street Worcester, MA 01609 Phone: 508-755-6210 Fax: 508-753-0646 www.quakerma.com

Haunted Attraction Supplemental Application

Haunted House - Hay/Wagon Ride - Maze or Walking Trail

To be used with Special Event Supplemental Application or its equivalent All questions must be answered - Application must be signed and dated by the applicant.

Applicant's Name	Agent				
Applicant Mailing Address	Applicant's Phone Number				
	Web Address				
Proposed Policy Period to	Phone Number for Inspection Contact				
EXPOSURE:					
1. Type of Event:	E. P.		2		
2. Operating Dates: Beginning:	Ending:		Operation:		
Fundraiser/Benefit (e.g., Jaycees, YMCA)	Private Club or Organization				
☐ Commercial – For Profit – Private Business Entity	 Commercial Event – Sponsored by Local Business ventures (e.g., TV, Radio, Restaurant Promotion) 				
Do you require additional coverage for Setup or Teardown?	•	-			
	ESTIMATED]	·		
	GROSS RECEIPTS		ESTIMATED:		
General Admission:	\$		ATTENDANCE PER DAY		
Parking Receipts:	\$		SQUARE FOOTAGE		
Concession (including food and beverage – excluding alcohol)	\$				
Alcoholic beverages (if any or N/A)	\$				
Other (describe below)	\$				
GENERAL INFORMATION:					
EMPLOYEE/VOLUNTEER SPECIFICATION - PROVIDE D	ETAILED INFORMATION	N FOR ALL "NC)" RESPONSES		
1. Your Volunteers or Employees cannot physically touch	h the customers du	ring their skits	Yes No		
2. Your Volunteers or Employees are trained to deal with	the public in this e	nvironment	Yes No		
3. Employees or Volunteers are 18 years or older					
4. You provide adequate medical or first aid services on site during operating hours ☐ Yes ☐ No					
5. Public parking areas are well lit and supervised ☐ Yes ☐ No					
6. Volunteers or Employees keep walking surfaces clear of debris or obstacles ☐ Yes ☐ No					
7. You prohibit the patrons from touching or interacting with the displays or skits					
8. Displays do not include working power tools (e.g., saws, drills) or electrical shock machines or tricks. \square Yes \square No					
There are no low hanging ropes, nooses, props or disp	plays crossing the o	customers pat	h Yes		
10. You do not permit the public to bring pets (dogs or oth	ner animals) on the	premises	Yes		
11. You do not use flammables, pyrotechnics, fireworks, f	irecrackers, or flash	n explosives	Yes No		
12. You do not allow smoking on premises			Yes		
 If No - Smoking signs are clearly posted and er 	nforced				
 You maintain designated smoking areas away to 	from public or comb	bustible mater	ials Yes No N/A		

HAUNTED HOUSE SPECIFICATIONS:

Provide Detailed Information For All "NO" Responses						
Туре	of Building or Structure:					
	☐ Free standing structure ☐ Interconnected mobile trailers					
	☐ Leased space in multi occupancy building (e.g., former supermarket, store front, warehouse) ☐ Temporary/Portable structure (e.g., air supported dome or other structure erected for this event only)				
1.	. The building meets all state, local, or governing agency life safety, fire and occupancy Yes statutes, or requirements. (e.g., NFPA 101, Local Building Codes etc)] No				
2	. The building has been inspected and approved for occupancy by the local fire authority] No				
3	Employees or Volunteers are present throughout the facility during operating					
4.	Uneven walking surfaces, steps, or flights of stairs are supervised by a ☐ Yes ☐ No designated Employee or Volunteer during operating hours.					
	Provide Detailed Information For All "YES" Responses					
1.	. The haunted house is more than one story] No				
2	. Patrons use slides to move from one level to another] No				
3.	. There are moving or sinking floors, or moving or sinking stairs] No				
HAUNTED HAYRIDE/WAGON SPECIFICATIONS:						
	Provide Detailed Information For All "NO" Responses					
1.	. The unit is propelled by: Tractor Animal Locomotive Other motorized vehicle (exp	lain)				
2	. The unit was specifically designed, and constructed by others to transport people] No				
3	. The unit has permanently mounted seats for riders] No				
4.	4. The unit is properly equipped to prevent riders from falling. (Guard rail, seat backs, handrails etc) Yes \sum No					
5	Wheel wells are properly covered/protected to prevent accidental contact with any moving parts Yes No					
6	. You do not permit patrons to exit the unit before the entire trip is completed					
7.	You do not permit Employees/Volunteers to board the wagon after it has left the start area					
8	Operators are over 18 years of age and qualified operators of the unit					
9.	. The unit does not operate on, or cross any public street, road, highway, or thoroughfare] No				
HAUNTED MAZE SPECIFICATIONS:						
	Provide Detailed Information For All "NO" Responses					
1.	. The maze was created by cutting pathways through growing crops] No				
2.	. If the maze is not cut through growing crops but consisting of walls made from of bales, you] No				
3	. All walking areas are level and free of uneven surfaces] No				
4.	. Your Employees or Volunteers monitor activities within the maze from a] No				
5.	. There are adequate exits throughout the maze in the event patrons elect to exit without completing Yes] No				
6	. You have a rodent/pest control program in place Yes] No				

HAUNTED WAI KING TRAIL SPECIFICATIONS:

HAUNT	ED WALKING TRAIL SPECIFICAT				
			ON FOR ALL "NO" RESPONSES		
1.	Your Employees or Volunteers guide patrons through the trail.				
2.	Patrons may not leave the trail du	ring the walk		Yes No	
3.	Patrons may not leave the group v	vithout completing	the entire attraction	Yes No	
4.	All walking areas are level and free	e of uneven surface	es	Yes No	
5.	Patrons are not permitted to climb	Yes No			
6.	Your Employees or Volunteers ma	Employees or Volunteers may not touch patrons as they walk past their display			
7.	There are no hanging ropes, or em	ppes, or empty nooses in any of the displays			
8.	. You have a rodent/pest control program in place				
BBBB	10T0/00MPI FTFD 0DFD 4T10M0				
PRODU	JCTS/COMPLETED OPERATIONS PRODUCTS SOLD OR DISTRIBUTED I	By You	ANTICIPATED GRO	SE SALES	
	T RODUCTO COLD ON DISTRIBUTED I	51 100	ANTIGII ATED ONG	OG OALLO	
Attach	literature, brochures, advertisement	s if available			
Remar	ks:				
———Pro	oducer's Signature	Date	Applicant's Signature	 Date	