



**RAINPROTECTION.NET**  
WHERE YOUR EVENT GETS INSURED



## Haunt Events / Pumpkin Patches / Corn Maze / Hay Rides / XMAS Liability Insurance Application

### Applicant Information:

Named Insured (Policyholder Name)

Address - Number and Street

Address - Town/City

State

Zip Code

Applicant Name (First and Last)

Phone Number

E-mail

Confirm E-mail

## Event Information:

Name of Event

Venue Name

Location of Event (Complete Address, City, State, zip code)

Event Start Date

Event End Date

How many Total Days will you be open between the above start and end dates

Estimated Attendance Per Day

Estimated Attendance - Including All Days

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Describe in Detail Your Event

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Outdoor or Indoor Event

Outdoors      Indoors      Both

If Outdoors, is the Area Fenced or Enclosed

Yes      No

Are you Responsible for Parking

Yes      No

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Limits Required (choose from drop down menu)

Other Limits Required (enter below)

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Additional Insureds to be added?

(List each one numerically and include Name, Address, and Relationship)

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Is a Stage Involved

Yes      No

If so, is it temporary or Permanent Construction

Temporary      Permanent

Is a Tent Involved

Yes      No

If so, who is responsible for setting up the Tent

Named Insured  
Third Party (tent company)

Will Inflatables be present at the event?

Yes      No

Will all Third Party Contractors have their own insurance

Yes      No

If so, will their insurance name you as additional insured

Yes      No

Who is Responsible for Providing Security

Is Security Armed or Unarmed

Are Fireworks or Pyrotechnics being used?

Yes      No

Has this Event been held in the past

If Yes, for how many years

Yes      No

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Has your prior Event insurance ever been cancelled

Yes      No

Has your prior Event insurance ever been refused to renew

Yes      No

Do you have a risk management plan?

Yes      No

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Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Rainprotection Insurance.

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Signature of Applicant

Date

I am the Applicant and I choose to use an Electronic Signature by Clicking "Yes" below.

Yes

**(800)528-7975**

**Sales@rainprotection.net**

**Rainprotection Insurance**

