

ESCAPE ROOM

Brokerage: _____ Contact Name: _____ Email: _____

Name of Insured: _____

Mailing Address: _____

Location Address (if different from mailing): _____

Website: _____

Has any Insurer cancelled, declined, or refused coverage Yes No

If YES, why? _____

Advise of any claims / losses in past 5 years – note “none” if not applicable _____

Full description of Business Operations _____

Year business established: _____ Experience: _____

Total Number of Employees: _____ Full Time: _____ Part Time: _____

Are there renovations taking place (provide completed renovations questionnaire if yes)

Expected Timeline to open _____

Structural or cosmetic – provide details _____

REVENUE INFORMATION

Projected Gross Revenues: \$ _____

Escape Room: \$ _____ Food/Snacks \$ _____ Retail: \$ _____ Other (explain): \$ _____

OTHER: _____

ALCOHOL AND FOOD SERVICES

Are alcoholic beverages allowed on premises? Yes No

Who Provides This: _____

Confirm Liquor License in Place: Yes No

Complete HLL Supplement (if applicable)

FACILITY OPERATIONS

Operating Hours _____

Is there a staff member on-site at all times? _____

Ratio of Marshals/Supervisors to Players _____

of Escape Rooms _____

List the Types of Attractions Offered: (e.g., laser tag, arcade games, food services, VR, Rage Room etc.) _____

Do you offer private events or group bookings? _____

Are rules posted throughout the facility? _____

SAFETY & SECURITY

Do all employees receive First Aid/CPR training? _____

Do you have written safety protocols and emergency evacuation plans? _____

Are all players (parent / guardian signing if a minor participant) required to sign waivers before participating? _____

ANY ADDITIONAL INFORMATION

Include the following with your application:

- Photos of the facility
- Sample copy of Waiver Used

Any facility with trampolines is an automatic decline

PROPERTY COVERAGE

Location Address: _____

Construction Type: _____ Year Built: _____ Upgrades: _____

#of Stories: _____ Sprinklered Yes No

Distance To Hydrant: _____ Distance to Firehall: _____

Alarm: Yes No Details: _____

Square Footage: _____ Other Occupancies: _____

Additional information: _____

PROPERTY & BUSINESS INTERRUPTION COVERAGES	AMOUNT OF INSURANCE
Building	
Tenant Improvements	
Stock	
Equipment	
VR Screen Value <i>*note that we require separate value for VR Screens</i>	
Office Contents	
Business Interruption specify (Profits, Monthly Earnings, Gross Earnings, ALS)	
Rent or Rental Value	
Extra Expense	
Computer (Hardware/Software)	
Other: _____	
CRIME COVERAGES	AMOUNT OF INSURANCE
Inside and Outside Robbery	
Broad Form Money & Securities	

OPTIONAL COVERAGES: (Select any of the following optional coverages you require)

Sewer Back-up Flood EQ By-Laws Property Extension

Target Premium (if known): _____

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____