

RAGE SMASH ROOM APPLICATION

Brokerage Name: _____

Broker's Name and Contact Info: _____

Business Name *(full named insured including o/a name if applicable)*: _____

Year Business Established: _____ Years of Related Experience: _____

Postal Address: _____

Location Address: _____

Operations of insured: _____ Website Address _____

Provide full details of operations: _____

Is this under renovation: Yes No If yes, provide full details on renovation timeline/extent of renovations *(complete a renovation questionnaire)*

Annual Gross Revenues: _____

of Employees: _____ # of Employees to Rage/Smash rooms: _____

Do Employees have first aid? Yes No

Are employees trained to strictly enforce all rules / regulations even if it means stopping a session early or refusing a session to a customer? _____

Is there an employee on site at all times monitoring room / activities? Yes No

of Rooms: _____ Details of items inside of rooms: _____

Facility Operating Hours: _____

Does facility have any age restrictions (what are they)? _____

If there are minors, is an adult with them at all times? _____

What tools/items are used by participant to smash? _____

Are these provided by the facility? _____

Can customers bring their own tools / items to smash? _____

Are the rooms soundproof? _____

How many participants are allowed in a room at any 1 time? _____

What safety equipment is required for participants? _____

Are written rules displayed? Yes No Where are they displayed? _____

Are waivers used (provide a copy)? Yes No

Are alcoholic beverages allowed on premises? Yes No Who Provides this? _____

Do you have a snack bar or restaurant? Yes No

Estimated sales: Food: \$ _____ Liquor: \$ _____

Is there an on site kitchen? Yes No

Any other operations on site (laser tag / paint ball)? Yes No

Prior Insurance Company: _____

Policy Number: _____ Premium: _____

Date your current insurance policy expires: _____

Does your landlord need to be named as additional insured? Yes No If so, indicate name and address:

Describe losses in the last three (3) years (attach details):

Policy limits desired: \$1,000,000 \$2,000,000 \$5,000,000

Is a higher limit of Tenant's Legal Liability required? Yes No Limit Required: _____

Target Premium (if known): _____

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES UNDERWRITING THIS APPLICATION.

Signature

Title

Date