

Escape Room General Liability Application

APPLICANT INFORMATION

Insured Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

ESCAPE ROOM INFORMATION

Location(s) Name and Address (if different than above)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Website Address: _____

Applicant is: Individual Corporation Partnership

 Joint Venture Other: _____

Phone: _____ Fax: _____ E-mail Address: _____

Hours of Operation: _____

Escape Room Description: Number of Rooms, Theme(s), etc. (attach any promotional material):

Effective Date: _____ End Date: _____

Estimated Attendance: _____ Last Year's Attendance: _____

Maximum Number of Players: _____

Estimated Gross Receipts: _____ Admissions: \$ _____ Food & Beverage: \$ _____



Food & Beverage Description: _____

Souvenirs / Novelties: \$ _____ Describe: _____

Actual Receipts from prior year: _____

Does the Insured own or lease the facility? Own Lease

If leased, who is responsible for the parking areas? Owner Insured

Surveillance Cameras? Yes No

Is there someone on the premises at all times that is certified in First Aid and CPR? Yes No

Is there a written emergency procedure / evacuation plan? Yes No

Are participants monitored at all times? Yes No

Are written safety rules provided to each participant? Yes No

Are any tasks physical by nature that could potentially cause injury? Yes No

If Yes above, please explain:

Trade Associations which Insured belongs to: _____

Does applicant have a formal safety training program for employees? Yes No

Price of Admission: _____

Attendee Age Demographic: _____

Minimum Age: _____ Special Concerns for Children: _____

Monitoring Room Square Footage: _____

Crowd Control / Security? Yes No

If using hired security, are certificates of insurance obtained? Yes No

Are first aid facilities provided? Yes No Describe: _____



APPLICANT HISTORY

Please describe applicant's experience with Escape Rooms including years, numbers & dates:

Premium and loss record for the last five years:

| Policy Period | Carrier | Premium | Loss Amount | Non-Renewal or Cancel |
|---------------|---------|---------|-------------|-----------------------|
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Describe details of losses / incidents for the past five years:

Insurance Coverage will be written with limits of \$1,000,000 per occurrence and an annual aggregate of \$2,000,000. The Insured represents that the information contained in this application is accurate and that it shall be the basis of the policy of insurance. The Insured further represents that it has not withheld any information which would have affected the company's decision to offer coverage. If the Insured has withheld any such information with intent to defraud or give false information to the insurance company, the Insured understands that its coverage may be voided. The Insured further understands that its failure to disclose any information in its possession, which may lead to a claim, will relieve the insurance company of any obligation under the policy.

Insured Signature

Date

Agent Signature

Date



Any additional Insureds being requested?: Yes No

If Yes, please provide Name, Address and Relation:

****Please send all submissions to midwest.submissions@wwfi.com.**

Would you like Property Coverage?: Yes No Limit?: _____

Would you like Business Interruption Coverage?: Yes No Limit?: _____

*Please Note: ** The indication of interested above, is for purposes of obtaining a quotation for coverage only and does not result in coverage without further application and payment of additional premium. ***

