



Donat Insurance Services, LLC

No Event Too Big Or Small, We Insure Them All

www.DonatInsurance.com

Ken@DonatInsurance.com

Escape Room General Liability Application

W6102 35th Street E., New Lisbon, WI 53950 *Phone: 608-565-2741* Cell: 608-343-0273* Fax: 608-565-2827*

Applicant Information			
Insured Name			
Mailing Address			
Street			
	City	State	Zip
Event Name/Address			
Street			
	City	State	Zip
Website Address			
Applicant is <input type="radio"/> Individual <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Joint Venture			
	Other		
Contact	Phone	Fax	
E-mail Address			
Event Information			
Event Description (attach any promotional material)			
Effective Date		End Date	
Estimated Attendance		Last Year's Attendance	
Maximum Number of Players			
Estimated Gross Receipts			
Price of Admission			
Attendee Age Demographic			
Minimum Age		Special Concerns for Children	
Monitoring Room Square Footage:			
Crowd Control/Security		<input type="radio"/> YES	<input type="radio"/> NO
If using hired security, are certificates of insurance obtained? <input type="radio"/> Yes <input type="radio"/> No			
Are first aid facilities provided? <input type="radio"/> Yes <input type="radio"/> No Describe			
Employee Type and Numbers			
Regular		Leased	Volunteer
Is Workers Compensation Coverage in Force? <input type="radio"/> Yes <input type="radio"/> No Estimated Payroll			

Event information (Cont'd.)				
Are food or beverages sold on the premises? <input type="radio"/> Yes <input type="radio"/> No Outside vendor? <input type="radio"/> Yes <input type="radio"/> No				
Food types available:				
Cooking methods if cooked on site:				
Alcoholic beverages served:				
Details:		Yes	No	Special Effects and Devices
Live Actor(s) in Room		<input type="radio"/>	<input type="radio"/>	
Are Escape Rooms Locked		<input type="radio"/>	<input type="radio"/>	
<i>If Yes, how do patrons get out in emergency:</i>				
Fire Extinguishers on Site		<input type="radio"/>	<input type="radio"/>	
<i>Fire Extinguishers must have Valid Inspection Tag</i>				
Smoke Detectors		<input type="radio"/>	<input type="radio"/>	
Sprinkler System		<input type="radio"/>	<input type="radio"/>	
Completed Fire Dept. Inspection		<input type="radio"/>	<input type="radio"/>	
Certificate of Occupancy		<input type="radio"/>	<input type="radio"/>	
Number of Rooms				
Room Dimensions				
Length of Game		45 Min	60 Min	
Applicant history: 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
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 so, please provide Name, Address and Relation:

****Document can be emailed to: Ken@DonatInsurance.com or Faxed to: 608-565-2827**

Would you like Property Coverage? YES NO Limit? _____

Would you like Business Interruption Coverage? YES NO Limit? _____

Please Note:

****The indication of interest 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.****