



# Donat Insurance Services, LLC

No Event Too Big or Small, We Insure Them All

www.DonatInsurance.com • Leigh@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
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### 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 <input type="radio"/> Other: _____		
Contact	Phone	Fax
Email Address		

### Event Information

Event Description (attach any promotional material)		
Effective Date	End Date	
Estimated Attendance	Last Year's Attendance	
Max 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	
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:		

**Event Information (Cont'd.)**

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	<input type="radio"/> 45 min	<input type="radio"/> 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 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?	<input type="radio"/> Yes	<input type="radio"/> No
If so, provide Name, Address and Relation:		

Would you like Property Coverage?	<input type="radio"/> Yes	<input type="radio"/> No	Limit?
Building Coverage:			Limit?
Contents Coverage:			Limit?
Would you like Business Interruption Coverage?	<input type="radio"/> Yes	<input type="radio"/> 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.**

**Document can be emailed to Leigh@DonatInsurance.com or faxed to 608-565-2827.**