



Escape Room Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

DIRECTIONS: 1. Fill in the application by filling in the blue fields on all pages.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

POLICY RECOMMENDATIONS (Please check any you are interested in)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Accident Medical	<input type="checkbox"/> Earthquake
<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Commercial Auto
<input type="checkbox"/> EPLI	<input type="checkbox"/> Flood	<input type="checkbox"/> Hired & Non-Owned Auto
<input type="checkbox"/> Umbrella	<input type="checkbox"/> Abuse/Molestation	<input type="checkbox"/> Cyber Liability

Section 1: General Information

How did you hear about us?		Desired Effective Date:	
1. Corporate Name:		2. Trade Name:	
3. Mailing Address:		County:	
City:	State:	Zip:	
Physical Address:		County:	
City:	State:	Zip:	
4. Contact person:		Phone Number:	
Email:		Website:	
5. Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other:			
6. Year business was established?		# of years under present management:	
7. FEIN/SS#		8. Annual Gross Sales:	
9. Trade associations which insured belong to:			
10. Does the applicant have a formal safety training program for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Premises Information

1. Average annual attendance:		2. Hours & Operations:	
3. Actual sales from prior year:		4. Number of employees:	
5. Lit emergency exit signs? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. How many Escape Rooms:	
7. Are escape rooms actually locked? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Section 2: Premises Information (continued)

8. Sales / Receipts: a) Admissions \$

d) Food & Beverage \$ Describe:

e) Souvenirs/Novelties \$ Describe:

9. Does the applicant own or lease the facility? ☐ Own ☐ Lease If leased provide a copy of the agreement. If leased, who is responsible for the parking areas? ☐ Owner ☐ Insured

10. Central station fire alarm? ☐ Yes ☐ No Central station burglar alarm? ☐ Yes ☐ No

11. Surveillance cameras? ☐ Yes ☐ No

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

13. Is there a written emergency procedure/evacuation plan? ☐ Yes ☐ No (If yes, attach copy)

Evacuation procedures and floor plans posted? ☐ Yes ☐ No

14. Are parking lots well lit? ☐ Yes ☐ No

15. Does the applicant provide actors? ☐ Yes ☐ No

If yes, describe the actors:

16. Are participants monitored at all times? ☐ Yes ☐ No

How many employee monitors per escape room?

17. Are written safety rules provided to each participant? ☐ Yes ☐ No

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

If yes, please explain

Section 3: LIABILITY CLAIMS INFORMATION*

Indicate below, the # of Claims and Amount Incurred (paid + reserved) in each of the last 5 years:

Year	Number of Claims	Total Incurred Amount
2011-2012		
2012-2013		
2013-2014		
2014-2015		
2015-20016		

*Note: please forward current loss runs from your carrier, along with this application.



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Section 4: PROPERTY INFORMATION

Please complete once for each location if you are interested in a quote for your property.

1. Location Address

City: State: Zip:

2. Construction of Building: ☐ Fire Resitive ☐ Mas.Non/Comb ☐ Joisted Masonry ☐ Frame
☐ Other (Describe)

Facility Sprinklered? ☐ Yes ☐ No Fire Alarm? ☐ Yes ☐ No ☐ Central Station Alarm ☐ Local Gong

Burglar Alarm?: ☐ Yes ☐ No Type: ☐ Central Station Alarm ☐ Local Gong

Owner: ☐ Yes ☐ No Tenant: ☐ Yes ☐ No

3. Property Values Building \$ Contents \$ Loss of Income \$

Include in contents: All Equipment, Furniture & Fixtures EDP, Improvements and Betterments

Crime Exposures, On Premises: Maximum Daily Cash \$ Amount Overnight \$

Safe? ☐ Yes ☐ No If Yes, Manufacturer: Desired Crime Limit:

4. Additional Interests #1 ☐ Landlord ☐ Loss Payee ☐ Mortgagee Name:

Address:

City: State: Zip:

5. Additional Interests #2 ☐ Landlord ☐ Loss Payee ☐ Mortgagee Name:

Address:

City: State: Zip:

6. Carrier Information Insurance Co. Name: Date Policy Expires:

Annual Property Premium: \$ Deductible: \$

7. Property Claims Information: (Please complete for each year)

2015	Number of Claims:	Amount Paid:
2014	Number of Claims:	Amount Paid:
2013	Number of Claims:	Amount Paid:
2012	Number of Claims:	Amount Paid:
2011	Number of Claims:	Amount Paid:

Building Year of Construction:

Building Improvements: Wiring Year: Roofing Year:

Plumbing Year: Heating Year:

8. Distance to nearest fire station: Distance to nearest fire hydrant:

Number of stories:

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Section 5: Cyber Liability

1. Do you process payment cards? ☐ Yes ☐ No
2. Estimated annual number of payment card transactions

Section 6: WARRANTY

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

Section 7: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

SUBMISSION CHECKLIST

Please attach the following applicable documents along with your completed application:

- ☐ Waiver ☐ Description of each Escape Room ☐ Lease agreement
- ☐ Written Safety Rules/Signs ☐ Written Emergency Procedure



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORDIA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: