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# ESCAPE ROOM QUESTIONNAIRE

* **NOTE: This questionnaire is to be submitted along with the following completed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Excess Liability**

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| **GENERAL INFORMATION** |
| 1. Name of Insured (Applicant): |
| 2. Location/Address (if different from ACORD): |
| 3. What is the insured’s FEIN number? |
| 4. What is the insured’s website address? |
| 5. Number of years in business? |
| 6. Does the insured conduct any other operations under this name?  Yes  No  If yes, please explain: |
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| **UNDERWRITING INFORMATION** |
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| 1. Full description of operations: |
| 2. Average number of visitors annually: |
| 3. Professional organization memberships: |
| 4. Total Annual Revenues: |
| 5. Do you have a formal safety program in place?  Yes  No  How are participants monitored while in the Escape Room?  How many attendants monitor an Escape Room at a time? |
| 6. Do you have a written emergency evacuation plan in place?  Yes  No  Does it address notification and removal of patrons in the Escape Room?  Yes  No  Is there a way for participants to let themselves out of the Escape Room in case of an  emergency?  Yes  No  Is the Escape Room door actually locked?  Yes  No |
| 7. Do you have rides, mechanical amusement devices or inflatables?  Yes  No  If yes, please complete the Family Entertainment Center Questionnaire. |
| 8. Do you require adults or chaperones for participants under the age of 18?  Yes  No |
| 9. Do you offer any sessions longer than 2 hours?  Yes  No |
| 10. Are live actors utilized in any of your escape rooms?  Yes  No |
| 11. Do you use paint bombs, exploding paint, or exploding powder?  Yes  No |
| 12. Do you offer axe throwing or rage room experiences?  Yes  No |
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| **GENERAL LIABILITY COVERAGE** |
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| 1. Is the staff required to report all incidences to management that may result in a claim?  Yes  No |
| 2. Are written records of all incidences kept by management?  Yes  No |
| 3. Are all incidents reviewed?  Yes  No |
| 4. Are all hands-on exhibits inspected daily to check for broken pieces or malfunctions?  Yes  No |
| 5. Do you have a restaurant or cafeteria?  Yes  No  Annual gross receipts: $ |
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| **ABUSE AND MOLESTATION** |
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| 1. Does the insured have custodial responsibility for minors?   Yes  No  If yes, is abuse coverage desired?  Yes  No |
| 2. Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses?  Yes  No  If yes, what is the process for dealing with a "yes" answer? |
| 3. (a) Does your state permit you to do criminal background checks on:  Yes  No Employees?  Yes  No Volunteers?  (b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors?  Yes  No |
| 4. (a) Do you verify employment-related references for employees?  Yes  No  (b) Do you verify employment-related references for volunteers?  Yes  No |
| 5. (a) Do you conduct a personal interview for employees?  Yes  No  (b) Do you conduct a personal interview for volunteers?  Yes  No |
| 6. Do you have a written set of procedures for screening employees and volunteers?  Yes  No  If yes, please forward. If no, please describe your screening process. |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse?  Yes  No  If yes, please indicate how it is provided to your employees/volunteers. |
| 8. Do you have written procedures for dealing with allegations of sexual abuse?  Yes  No  If yes, please forward. If no, please describe what your current response would be. |
| 9. Describe how your organization supervises employees and volunteers having custody of children. |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  If yes, please describe your organization's response to the allegation.  (b) Was a claim made against the organization or an individual within the organization?  Yes  No  When did the alleged incident(s) occur?  (c) Was the case taken to trial?  Yes  No  Civil  Criminal  (d) What was the disposition of the case? |
| 11. Regarding coverage for abuse and molestation, does your current insurance program:  Yes  No Exclude coverage?  Yes  No Limit coverage (please forward a copy of the endorsement)?  Yes  No Neither exclude nor limit coverage? |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time. |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors. |

**Please provide the following with this QUESTIONNAIRE:**

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Copy of current audited financials
* Copy of all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* List of all special events scheduled during the policy period (please notify us of any changes to this schedule as they occur)
* Diagram of facility. Please label all buildings and all attractions/rides.
* Copy of Emergency/Evacuation procedures
* Copy of lease agreement if Insured does not own facility
* Copy of facility rental agreement for special events (birthday parties and similar events)
* Provide details of other contractual agreements (contractor and sub-contractors e.g., concessionaires, liquor, security, maintenance, exhibits on loan or loaned to others)
* Provide copies of certificates of insurance from all contractors and sub-contractors naming the insured as additional insured
* Provide a written set of procedures for screening employees and volunteers
* Copy of the employee training manual/materials

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

**American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

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