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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**

# E-mail: apply@americanspecialty.com