



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: Contact Information

| | |
|---------------------|---------------------------------|
| 1. Company Name: | 2. DBA: |
| 3. Contact Name: | |
| 4. Mailing Address: | |
| 5. County: | 6. Email: |
| 7. Phone Number: | 8. Form of Organization: |
| 9. Website: | 10. Requested date of coverage: |

Section 2: Escape Room Information

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| 1. How many years have you been in business? |
| 2. Are signed waivers required from all participants? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you had more than \$7,500 of total claims in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are all escape room participants monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are participants able to unlock the door or exit through another door in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you require adults or chaperones for participants under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you offer any sessions longer than 2 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are live actors utilized in any of your escape rooms? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Location 1 Address: |
| Annual Gross Receipts: |



Section 2: Escape Room Information

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|-------------------------|
| 10. Location 2 Address: |
| Annual Gross Receipts: |
| 11. Location 3 Address: |
| Annual Gross Receipts: |

Section 3: Abuse/Molestation Coverage (Depending on State) N/A

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|---|
| 1. Would you like to add Abuse/Molestation Coverage (\$100,000 limit)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do your staff (paid & volunteer) employment applications include questions about whether the individual has ever been convicted of any crime, including sex-related/child abuse related offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you routinely conduct background checks on all employees & volunteers working with youth? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have written procedures for dealing with abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have procedures in place to prevent situations where participants are alone with an individual staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever had an incident which resulted in an allegation of sexual abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4: Inland Marine Coverage N/A

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|---|
| 1. Are all doors kept locked and secured? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PLEASE NOTE: MGE, banks, landlords, and the insurance company all require that you insure to 100% replacement cost value of all contents and equipment. |
| 2. Does your landlord/lease agreement require you to carry coverage for plate glass? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Please enter the desired limit for your location(s), up to a maximum limit of \$150,000. |
| 4. What is your requested limit? |

Section 5: Umbrella Coverage N/A

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| 6. Would you like to purchase optional excess/umbrella coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Please select a limit: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 |

Eligible Types of Escape Rooms

Modern era, specific place & time (1800's, 1900's), fantasy, science/laboratory, abstract (no theme), futuristic, military, mommy & me, murder mystery, toy room, seasonal (Christmas/Easter), school themed.

Ineligible Activities & Operations

Ineligible Activities: Climbing walls, drop floors, electric shock, false floors, parkour, projectiles (nerf guns / air guns), inflatables, trampolines, trap doors, trapezes, restraint chains, handcuffs, whips, zip lines. **Ineligible Operations:** Live actors, guns, knives, swords, locked rooms, trampoline facilities, sports complexes.

Section 6: Cyber Liability

1. Do you process payment cards? Yes No

2. Estimated annual number of payment card transactions

Section 7: 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 8: SIGNATURE

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:

Producer Name:

Date:

Producer's Signature:

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 FLORIDIA: 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: