



Rage Room Insurance Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • PO Box 5987 Greenville SC 29606

DIRECTIONS:

1. Complete the application (all pages) in full by filling in the blue fields.
2. Please fill in all the fields with the correct information.
3. Email the application to apps@cossioinsurance.com or Fax it 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 Business Information

1. Business Name:	Corporate Name:
Location Address:	
Mailing Address:	
Email:	Phone:
Website:	Contact Name:
2. Facility Indoor or Outdoor? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
3. Does the applicant operate any other operations at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of business:	
Does the applicant have separate insurance for this operation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is named insured an: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	
5. Years in this business	
6. Number of Employees: Full Time: Part Time: Annual Payroll: \$	
7. If independent contractors are ever used to operate, est/ annual costs for such labor = \$	
Operation is: <input type="checkbox"/> Fixed site only - provide complete address: <input type="checkbox"/> Mobile - list ALL states where operation anticipated:	



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Section 2: Underwriting Information

Note: This application MUST include a copy of the Waiver of Liability / Release form used. Such form MUST include a hold harmless agreement in favor of both owner and operator as well as outline all terms and conditions the participant agrees to follow. Bilingual language is preferred (English/Spanish).

1. Do you ever allow free sessions?: ☐ Yes ☐ No If yes, explain under what circumstances and approximate number per year:

2. Prior General Liability Insurance Company

Expiration Date:

Premium:

3. Describe all claims arising out of your entertainment equipment for the past 4 years:

4. Does the facility have any age restrictions? ☐ Yes ☐ No

If yes, please describe:

5. Number of rooms?

Types of Items Inside:

a. Is an employee on duty at all times? ☐ Yes ☐ No

b. Are any employees first aid certified? ☐ Yes ☐ No

c. Are waivers mandatory? (Please provide a copy) ☐ Yes ☐ No

6. Is an employee that monitors the rage room on duty at all times? ☐ Yes ☐ No

Max ratio of employees to rooms:

Are employees trained to strictly enforce all rules / regulations even if it means stopping a session early or refusing a session to a customer? ☐ Yes ☐ No

Does the Applicant have written rules prominently displayed? ☐ Yes ☐ No

9. Estimate number of annual participants:

10. What tools or items used or allowed for customers to use to smash?

Will all the walls and floors be padded? ☐ Yes ☐ No

Are the rooms sound proof? ☐ Yes ☐ No

Do you limit the number of participants allowed in the room? ☐ Yes ☐ No

If yes, how many?

What safety equipment are required for participants to use?

Will all rooms be monitored by video & audio? ☐ Yes ☐ No



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Section 4: Liability Warnings

- a. Participants are required to sign waiver of liability before participating in any session ☐ Yes ☐ No
- b. No one under the age of 18 can participate without the presence of their parent or legal guardian, and such parent/legal guardian are required to sign waiver of liability for that person. ☐ Yes ☐ No
- c. Participant is participating at their own risk, and neither owner nor operator is responsible for accident or injury to any person arising out of their participation. ☐ Yes ☐ No
- d. Individuals with pre-existing conditions such as back, neck, leg, or arm injuries are not permitted to throw. However, operator is not responsible for determining the physical condition or ability of any person. ☐ Yes ☐ No
- e. Participants may request that the session be stopped at any time. ☐ Yes ☐ No
2. Does operator check photo ID to verify participant is same individual and age? ☐ Yes ☐ No
3. Are Waivers signed in the presence of the operator or other attending employee? ☐ Yes ☐ No
4. How long are signed waivers retained? Where stored?
5. Does operator verbally ask about pre-existing injuries, and if any, refuse the session? ☐ Yes ☐ No

Section 5: Liquor

1. Is the liquor license in Applicant's name? ☐ Yes ☐ No
- If no, what is the name on the license and their relationship to the Applicant:
- | | |
|------------------------|-------------------|
| Liquor License Number: | Class of License: |
|------------------------|-------------------|
2. Is the liquor service sub-contracted to a third party? ☐ Yes ☐ No
- If yes, provide the limits of liability maintained by the sub-contractor: \$
- Is the applicant listed as additional insured under sub-contractors liquor liability coverage? ☐ Yes ☐ No
- Is contingent liquor liability coverage requested by insured? ☐ Yes ☐ No
3. Has the applicant's liquor license ever been revoked or suspended? ☐ Yes ☐ No
- If yes, explain:
4. Have the applicant incurred claims for liquor liability during the last three (3) years? ☐ Yes ☐ No
- If yes explain:
5. Has any insurer canceled or non-renewed coverage during the last three (3) years? ☐ Yes ☐ No
- If yes, explain:



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Section 5: Liquor (continued)

6. Has the applicant ever been fined by Alcoholic Beverage Control or other government regulator?

☐ Yes ☐ No

If yes, explain:

7. Type of beverages sold:

8. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No

9. Does the applicant exercise the right to search and seizure contraband items? ☐ Yes ☐ No

If yes, how does the applicant notify the public of this:

Does the Applicant maintain security personnel at entry check points? ☐ Yes ☐ No

If yes, what type:

10. Are the alcohol sales and consumption contained within one fixed site, or are booths/stands located throughout the event site:

11. Number of servers used:

Are they professional servers? ☐ Yes ☐ No Explain:

Are they volunteer servers? ☐ Yes ☐ No Explain:

Do the servers receive any type of alcohol awareness training? ☐ Yes ☐ No

5. Has any insurer canceled or non-renewed coverage during the last three (3) years? ☐ Yes ☐ No

Median age of liquor customers

Are minors allowed to enter the location where alcohol is being served? ☐ Yes ☐ No

If yes, how is underage consumption of alcohol prevented:

Explain how ID's are checked:

Are uniformed police officers present at the site of alcohol sales? ☐ Yes ☐ No

Are undercover police officers present? ☐ Yes ☐ No

Are private security officers present? ☐ Yes ☐ No

Average number of officers present at site:

Are rules and regulations clearly displayed for patrons viewing? ☐ Yes ☐ No

Explain:



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Section 5: Liquor (continued)

Is there a limit placed on the quantity of alcoholic beverages purchased at one time? ☐ Yes ☐ No

Explain:

Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? ☐ Yes ☐ No

Explain:

Is there any type of designated driver program? ☐ Yes ☐ No

Explain:

Are alcohol servers trained in documented, responsible alcohol serving techniques (ie TIPS, TAM, RAMP, BEST, etc)? ☐ Yes ☐ No

Does the applicant ever permit employees who serve liquor to consum alcohol on the job? ☐ Yes ☐ No

Does the applicant ever permit employees who serve liquor to consume alcohol after shifts? ☐ Yes ☐ No

Section 6: Property

1. Is the building? ☐ Owned ☐ Leased

2. Please review building security measures listed below:

Fire Alarm: ☐ Central ☐ Local

Burglar Alarm: ☐ Central ☐ Local

Is the alarm UL listed or approved? ☐ Yes ☐ No Smoke Detectors: ☐ Battery ☐ Hardwired

3. Doors are: ☐ Metal ☐ Glass ☐ Frame

4. Do windows and glass doors have metal bars? ☐ Yes ☐ No

5. Describe other protection: (safe, dead bolt locks, metal bars, crash barriers in front of building, fire extinguishers, etc)

6. If the Applicant's building is more than (10) years old what year was the last time wiring, plumbing and heating / AC were updated and / or serviced?

7. Does the building have other occupancies? ☐ Yes ☐ No

If yes, describe:

8. Are there any additional locations to be covered? ☐ Yes ☐ No

If yes, please provide complete address & describe:

9. Are all activities and locations to be covered in full compliance with applicable federal state, and local regulations? ☐ Yes ☐ No

10. Is the building within city limits? ☐ Yes ☐ No



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Section 6: Property (continued)

11. Is the building within city limits? ☐ Yes ☐ No

12. What is the distance to the nearest fire hydrant?

13. Other activities conducted on the premises:

Limits Desired: ☐ Building ☐ Contents ☐ Improvements ☐ Loss of Income

Section 7: Retail Operations

1. Estimated gross revenue for the next twelve (12) months:

Revenues from axe admissions:

Other revenue, describe:

Section 8: Prior Carrier Information

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

Section 9: Additional Insureds

Name	Complete Address	Interest

SUBMISSION REQUIREMENTS

1. Copy of Waiver	2. Copy of Safety Rules
3. Copy of written emergency & training proc.	4. Business Plan (New Business Only)
5. Resume (New Business Only)	6. Currently dated loss runs for the last 5 years
7. Facility Diagram	8. Pictures of rooms



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 FLORIDA: 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: