

For VR arcades, free-roam VR arenas, motion simulators, and immersive art or projection experiences, including party and corporate events. Escape rooms use CWCO-SUP-ESCAPEROOM and esports venues use CWCO-SUP-ESPORTS. Complete with ACORD 125, 126, and 140. Attach the equipment list, floor plan of play areas, the customer waiver and rules, and five years of loss runs.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
FACILITY ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

1-1 Is the center a franchise location? ☐ Yes ☐ No
 IF YES, EXPLAIN

2 OPERATIONS

Experiences offered (check all that apply):
☐ VR stations / pods ☐ Free-roam multiplayer VR ☐ Motion simulators / seats ☐ VR treadmills or harness rigs
☐ Immersive art / projection rooms ☐ Horror or haunted VR ☐ Mobile VR for events

Facility and volume:
 Headsets Simulators Square feet Visits per year Employees

2-1 Are children under 13 allowed to use VR headsets? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Are parties for children a regular part of the business? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Is alcohol served or allowed on site? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — PLAY AREAS & EQUIPMENT

Emergency-room visits for VR injuries rose from 125 in 2017 to more than 1,300 in 2021, mostly fractures, cuts, and bruises to hands, arms, and faces. Players cannot see walls, objects, or each other.

3-1 Are walls and columns in play areas padded? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Are play-area boundaries checked before each session? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Is a staff member assigned to watch players in every active play area? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are headset and backpack cables managed so players cannot trip on them? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 In free-roam areas, is the number of players per square foot limited? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are motion simulators inspected on the manufacturer's schedule? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are simulator riders held by seat belts or harnesses? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Are any simulators or rigs inspected by a state ride inspector? ☐ Yes ☐ No
IF YES, EXPLAIN

3-9 Are headsets and face pads cleaned between every user? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — CUSTOMER SCREENING & CONDUCT

4-1 Are customers asked about seizure history, pregnancy, and heart conditions before play? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Are headset makers' age limits followed? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Does every customer sign a waiver? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Must a parent sign for minors? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Is a safety briefing given before every session? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Are customers who appear intoxicated refused? ☐ Yes ☐ No
IF NO, EXPLAIN

4-7 Is there a written plan for customers who become sick, dizzy, or panicked? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are horror experiences limited by age? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE (\$)	PARTY / EVENT REVENUE (\$)	FOOD AND BEVERAGE SALES (\$)	TOTAL ANNUAL PAYROLL (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS	PROPERTY CARRIER / LIMIT	EXPIRATION DATE

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-1 Has a customer been injured by a fall, collision, or simulator? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has a customer had a seizure or medical emergency during play? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7

RISK MANAGEMENT & SAFETY

7-1

Are staff trained in first aid and seizure response?

☐ Yes ☐ No

IF NO, EXPLAIN

7-2

Are play sessions recorded on camera?

☐ Yes ☐ No

IF NO, EXPLAIN

7-3

Is equipment maintained on a written schedule with logs kept?

☐ Yes ☐ No

IF NO, EXPLAIN

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SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE