

SPORTS FACILITY APPLICATION

I. GENERAL INFORMATION

Policy Dates: from _____ to _____

First Named Insured: _____ FEIN: _____

DBA: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____ Owned Leased Managed

City: _____ State: _____ Zip: _____

Website: _____

Number of years in business: _____ (if new, provide copy of business plan)

Contact Information:

Insurance Contact: _____ Email: _____ Phone: _____

Accounting Contact: _____ Email: _____ Phone: _____

General Manager: _____ Email: _____ Phone: _____

Qualifications/Experience of Manager: _____

Schedule of Named Insureds:

(please include all entities in which the First Named Insured holds at least 50% ownership):

Name	Description	Percentage Ownership	FEIN (if different)

Please attach a schedule of additional names as needed.

II. FACILITY USE INFORMATION

Type of facility: _____ Capacity of facility: _____

Number of indoor playing surfaces: _____ Number of outdoor fields: _____ Total acreage: _____

Type of Protection used to safeguard spectators: _____

Months of the year in operation: All Year Other _____

Days of the week in operation: Every Day Other _____

Hours of operation:

Weekdays: _____ to _____ Weekends: _____ to _____

- Are signs clearly posted to identify exits and hazards? Yes No
- Are there code of conduct signs posted around facility and discussed with all participants? Yes No
- Do participants always wear safety equipment? Yes No
- Does each adult participant sign a waiver/hold harmless and each parent/guardian for minor participants, noting that one adult cannot waive the rights of another adult? Yes No
- Minimum age requirement of a minor for unsupervised facility activities by either parent or staff: _____
- Does the facility have written maintenance procedures including checklists and logs? Yes No
- Is the facility inspected regularly for hazards including the field of play prior to each activity? Yes No
- Is staff prepared to clean up spills during operational hours? Yes No

Food/Beverage Operations:

- Do you have concessions/snack bar? Yes No
 If yes, who manages the concession operations? Facility Third Party
- Do you have a restaurant? Yes No
 If yes, who manages the restaurant operations? Facility Third Party
- Do you have a bar / lounge? Yes No
 If yes, who manages the bar / lounge operations? Facility Third Party
- Are alcoholic beverages sold at your facility? Yes No
 If yes, is separate Liquor Liability Coverage in place? Yes No
 If coverage is needed, **complete a Liquor Liability Questionnaire**

Day Camp Operations:

- Does your facility conduct on site day camp operations? Yes No
- What is the age range of counselors/instructors? _____
- What is the camper to supervisor ratio? _____
- Dates of Camp: _____
- Maximum number of campers per day: _____
- Estimated number of camper days: _____ (# of campers times number of camp days)
- Do you have any overnight camps operations either on or off-site? Yes No
- Provide a complete list of all activities the campers will be involved with: _____

Please provide the following:

- a. Copies of all promotional materials identifying all scheduled activities.**
- b. Copies of waiver and release form to be secured for each camper noting that parents must sign for each minor child and that minors 13 and over to sign in addition to their parents.**

- Do you provide transportation to or from the facility for any off premise activities? Yes No
(if so, complete a Transportation Questionnaire)

Other Operations:

- Do you have a pro-shop? Yes No
 If yes, who manages the pro-shop operations? Facility Third Party
 Describe products sold: _____
- Do you rent or repair sports equipment? Yes No
 If yes please explain? _____

- Does your facility have a climbing wall? **(if so, complete a Climbing Wall Questionnaire)** Yes No
- Does your facility have a swimming pool? **(if so, complete Swimming Pool Questionnaire)** Yes No
- Do you have batting cages? **(if so, complete Batting Cage Questionnaire)** Yes No
- Does your facility have any special events? Yes No

If yes, please list and describe _____

What is the total space (square footage) at your facility leased to third parties? _____

III. CONTRACTS/RENTAL AGREEMENTS/WAIVERS

- Do you require contracts for independent contractors? **(submit sample)** Yes No
If yes, do you obtain certificates of insurance from each one? Yes No
Are the following independent contractors:
- | | | |
|----------------------------|------------------------------|-----------------------------|
| Referees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coaches for camps/clinics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Private lesson instructors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- Does every user group sign a Rental Agreement every time a playing surface is rented, including those owned/operated by you? **(submit sample)** Yes No
Is hold harmless / indemnification language included in contracts? Yes No
Do you obtain certificates of insurance naming facility as additional insured? Yes No
Are minimum limits of \$1,000,000 General Liability Insurance required? Yes No
Is every participant from a non-insured group rental required to execute a waiver? Yes No
Third Party (vendor) Service Providers:
For all services provided by a Third Party, are the appropriate contracts and or lease agreements maintained? Yes No
Are certificates of insurance naming the facility as Additional Insured obtained for all services provided by a Third Party? Yes No

IV. EMPLOYEE INFORMATION

Number of Staff: Full Time _____ Part Time _____ Total: _____

Number of Sub-Contractors: _____

- Do you require all applicants to complete an application for employment in full including signatures and application date? Yes No
Does your employment application include questions regarding prior criminal convictions? Yes No
Do you advise every applicant that criminal background checks will be performed? Yes No
Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? Yes No
Is there a written training manual or training program in place? Yes No
Any employees under 16 or over 60 years of age? Yes No
Do you offer Employee Health Plans? Yes No
If yes, are all employees eligible for benefits provided? Yes No
Do you offer modified or light return to work duty for injured employees? Yes No
Are group health plans provided? Yes No % participation: _____
Is paid sick leave provided? Yes No % participation: _____
Is paid vacation time provided? Yes No % participation: _____
Do you offer a retirement or pension plan? Yes No % participation: _____
If yes, provide plan name: _____

V. SPORTS FACILITY ANNUAL REVENUE SOURCE SHEET

	Revenue	Sanctioned	Waivered	Sanctioning Organization
A. ADULT SPORTS ACTIVITES:				
Soccer	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Basketball	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lacrosse	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Football	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Volleyball	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
In-Line	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
B. YOUTH SPORTS ACTIVITES:				
Soccer	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Basketball	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lacrosse	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Football	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Volleyball	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
In-Line	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
C. OTHER:				
Concessions	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vending	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Arcade Revenue	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Alcohol Sales	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Pro Shop	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Equipment Rental	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Batting Cages	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Parties	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other: _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
D. TOTAL:	\$ _____			

For any waived activities, are waiver and release agreements signed? Yes No

VI. BUILDING AND MAINTENANCE INFORMATION

Building (if more than one location, complete this section for each building):

Year built: _____ Square Footage: _____ Number of stories: _____

Construction type:

Walls: Wood Frame Brick/Brick Steel Frame Other _____
Roof: Wood Frame Poured Concrete Steel Frame Other _____
Floor: Wood Frame Concrete Other _____

Last updated: Heating: _____ Plumbing: _____ Electrical: _____ Roof: _____

Do you have solar panels? (if so, complete Solar Panel Questionnaire) Yes No

Facility Maintenance:

Who manages facility maintenance operations? Facility Third Party

Describe roof snow removal procedures: _____

Premises Fire Protection:

Is the building sprinklered? Yes No

If applicable, are all grills and deep fat fryers equipped with:

Hoods? Yes No

Automatic fire suppression systems and fuel shutoff controls? Yes No

UL300 compliant? Yes No

Are all hoods and filters cleaned regularly by employees? Yes No

If vendor is used, do you have a cleaning contract in place? Yes No

Seating:

Does your facility provide spectator seating? Yes No

If yes, is the seating: Permanent Temporary / Portable

What is the type / construction: _____ Age: _____

What is the seating capacity per playing surface: _____

Total facility capacity: _____

Is spectator seating to code? Yes No

Parking:

Do you have parking facilities available? Yes No

If yes, who is responsible for repairs / maintenance: _____

How often is parking lot inspected: _____

Who is responsible for snow / ice removal: _____

Is a log kept for snow removal, sanding / salting? Yes No

Emergency Medical and Evacuation:

Do you have Emergency Evacuation Plans for the facility? (submit sample) Yes No

Are they in written form? Yes No

Are they posted for employees? Yes No

Are employees trained to implement these plans? Yes No

Do you have an Emergency Medical Procedure in place? Yes No

Is it in written form? Yes No

Is it posted for employees? Yes No

Are staff trained in First Aid / CPR? Yes No

If yes, how many? _____

Do you have an automated external defibrillator (AED)? Yes No

Number of staff present during operational hours that are certified in:

CPR: _____ First Aid: _____ AED: _____

Do you have a first aid kit? Yes No

What is the response time(s) for:

Fire Station: _____ Distance from facility: _____

Police: _____ Distance from facility: _____

Hospital: _____ Distance from facility: _____

Security:

Who handles disturbances / fights / ejections / crowd control? _____

Please describe procedure: _____

Is a private security company used? Yes No

If yes, is there a contract with the security company in place? Yes No

Is certificate of insurance naming facility as Additional Insured obtained? Yes No

Are video surveillance cameras present? Yes No

If yes, how many? Interior: _____ Exterior: _____

How long is video footage retained? _____

Does video record on a continuous loop? Yes No

VII. BUSINESS AUTO EXPOSURE

Do you have a Business Auto Policy for owned autos? Yes No

If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

Non-Ownership Liability Information:

Do employees or volunteers use their autos for company business? Yes No

If so, please provide use details: _____

For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state? Yes No

Do you verify that personal auto insurance is in place? Yes No

Do you obtain motor vehicle reports? Yes No

If either of the above answers are "No", do you agree to do so going forward? Yes No

Hired Auto Liability Information:

During the last years have you leased, borrowed or hired any vehicles for your business? Yes No

If you anticipate some usage this year:

What type of vehicle (Trucks, Cars, Buses)? _____

How many times per year? _____

What is the estimated annual cost to hire/lease all vehicles? _____

If vehicles are hired for more than 30 days, vehicles should be scheduled on an auto policy.

When leasing, hiring or borrowing are the vehicles used to:

Transport players/athletes/members? Yes No

If yes, do you use a hired transportation company that supplies a driver? Yes No

If yes, do you obtain additional insured status from the bus company? Yes No

If no, **complete a Transportation Questionnaire.**

Haul equipment? Yes No

If yes, please explain and identify frequency and distance traveled per trip:

Do you purchase liability insurance from the leasing company? Yes No

Does the leasing company require you to provide primary insurance and to add them as additional insureds? Yes No

List of drivers (Please provide the following information for each driver who might drive for company business (ie: Errands or Travel)

Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheets for additional drivers

Hired Auto Physical Damage Information:

What types of vehicles have you leased, or do you intend to lease (Make/Model/Size/Value)?

What is the maximum number of vehicles leased at one time? _____

Please provide the garage location of the vehicles (City and State): _____

Requested Comprehensive Deductible: _____

Requested Collision Deductible: _____

VIII. ABUSE/MOLESTATION

Coverage Desired (complete this section)

No Coverage Desired (skip this section)

Identify staff status (check all that apply): Employees

Volunteers

Parent-volunteers

Are all staff members 18 years or older?

Yes No

Identify current hiring practices for paid and volunteer staff:

When conducting background checks for criminal records, are they done:

a. Based on state working/residing in?

Yes No

b. For each new employee?

Yes No

c. For each new volunteer?

Yes No

d. Every three years on existing employees/volunteers

Yes No

What vendor is being used for background checks: _____

Is a national background check conducted?

Yes No

Do any independent contractors have access to clients or children in a closed door setting or

Perform operations where they will be in contact with clients or children?

Yes No

If so, are independent contractors required to complete certifications that include background checks?

Yes No

Do you discuss the importance of providing a safe environment for the children in your care?

Yes No

Does your new employee orientation include how to recognize the signs of an abused child?

Yes No

Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? If yes, **submit a copy.**

Yes No

Are copies of the procedures provided to each member of your staff?

Yes No

Do you have periodic refresher courses to ensure that your entire staff can recognize the sign of sexual or physical abuse and know what procedures to follow?

Yes No

Do you periodically review your written procedures to verify that they are up to date?

Yes No

Have you ever had an incident which resulted in allegation of sexual abuse at your facility?

Yes No

Has a claim ever been made against your facility?

Yes No

If so, please explain in detail, including the amount of damages paid to the victim:

What has been done to prevent such occurrences from happening in the future?

IX. REQUESTED ADDITIONAL ITEMS

- Financial Information – Income Statement from prior tax return or most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement
- Additional Questionnaires as applicable: Liquor Liability; Solar Panel, etc.
- Complete / Signed ACORD applications (or equivalent)
- Copy of contract(s) with or between facility users or tenants and yourself
- Currently valued loss runs from prior carriers

FRAUD STATEMENTS

General Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: 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 FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT SIGNATURE:

I hereby declare that the foregoing information is true, and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for the insurance for which I am applying.

Company: _____

Date: _____

Print Name: _____

Title: _____

Signature: _____