

Facility Insurance Application

Facility Name			Facility Age		
Contact Person			Title		
Facility Location					
Phone		Fax		Email	
Annual Admissions		Seating		Total Capacity	
				Total Gross Receipts	
				Concession Receipts	

Additional Insured (as they will appear on the policy):

Name	Address	Relationship

- If additional space is required, please use the back of this form or attach a separate sheet.
- If the additional insured is an owner, manager or lessor of the premises, please indicate the premises leased or rented to you by the designated additional insured as respects your activity or operation.

Who is responsible for the following? (check one)

	Facility	Tenant	* Sub-Contracted	Other	(Describe)
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Media Contract (TV/Radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* If subcontracted, please enclose copy of contract.

Are Certificates of Insurance obtained from those services that are sub contracted? ☐ Yes ☐ No

Are all events covered by underlying insurance?

If "no", please explain: _____

Are parking lots well lit? ☐ Yes ☐ No

Are these areas patrolled before event? ☐ Yes ☐ No

During Event? ☐ Yes ☐ No

After Event? ☐ Yes ☐ No

Is there valet parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are tailgate parties permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe specific security (please attach additional page if more space is needed)	
How long has current management been at this facility? _____	
Name of person in charge of security?	_____
How long has this person held the position?	_____
Is there a risk management manual in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please attach a copy.	
Are safety audits conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, by whom? _____	
Internal?	_____
External?	_____
How many security personnel are utilized on event day? _____	
Are uniformed officers present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are security personnel armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enclose copies of all printed instruction and training manuals for security personnel.	
Is there an emergency evacuation plan established for the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach a copy of the plan	
Do you require all applicants to complete an application for employment including signatures and application date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you conduct background checks (arrest and convictions records, education, etc.) based on state working in or residing in?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following questions regarding the named areas of the facility:									
Area	Meets Local/County/State Safety Codes			Non-Skid Surface			Well-Illuminated		
All Ramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Concessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Walkways & Aisles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Restrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Locker Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Stairs & Stairwells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Are there escalators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the entrance egress areas clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe general maintenance, housekeeping and maintenance of building grounds and parking lots:	
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Are signs posted in high traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are restrooms monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are crews prepared and on-duty to clean up spills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are coolers, thermoses, bottles or cans permitted on premises during events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are banners, flags or pompoms permitted in the facility during the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What precautions are taken to prevent spectators from entering restricted areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are alcoholic beverages sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Served? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are security personnel present at the alcohol distribution sites?	
Describe fire fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.)	
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What is the response time of the nearest fire station? _____ minutes	
Are first aid facilities maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are attending medical professionals available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the response time of the nearest ambulance? _____ minutes	
Are TV/Media used in the facility?	
(Describe equipment used and safety precautions taken – i.e. placement of wired power equipment secured, placement of tripod cameras, etc.)	
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Does the insured presently carry insurance of this type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, company’s name: _____	
Has any insurance carrier cancelled or refused coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please explain: _____	
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Please list the loss information for the past three years (enclose corresponding company loss runs):	
Policy year	_____
Total Premium	\$ _____ \$ _____ \$ _____
Total insured claims	\$ _____ \$ _____ \$ _____
Description of claims or reserves over \$10,000:	
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I understand that this application and all information supplied is part of the application processes and will be relied upon by the insurance company in determining whether to provide the insurance coverage herein requested and that the application will become a part of any contract of insurance entered into any material misrepresentation or false coverage. I hereby warrant, represent and confirm that i have read all of the questions and answers on this application and that, to the best of my knowledge, all information provided in this application is complete, true and correct. I further warrant that I have made or I will make the necessary maintenance inspections and that all necessary repairs have been made to ensure that my property and operations are and will remain in compliance with any underwriting criteria furnished me.

It is understood and agreed that no insurance is in effect until this application is accepted by the company or companies in writing.

Signature

Date

Title