

Batting Cages Supplemental Questionnaire

Separate application required for each location

I. General Information	
Named Insured	DBA
Facility Address	
Website	Email

II. Batting Cage Information		
Number of Batting Cages	Number of Attendants	Minimum Age of Participants
Are daily accuracy & maintenance checks made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reduced Injury Factor (RIF) baseballs used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of people allowed in batting cage at one time: _____		
Are batting helmets required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Cages completely enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are all surfaces non-skid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are Settings on Pitching machine secured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is maximum speed? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)