

**SPORTS AND FACILITIES APPLICATION**

**Submission Requirements:**

1. **Copy of Waiver**
2. **Exposure Information Page (page 3 and/or 4)**
3. **Carrier-generated loss runs for current year and last four years (if prior coverage)**

**Account Information**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site: www. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Effective Dates Requested: \_\_\_\_\_

Months of Operation: \_\_\_\_\_

Last Year Expiring Premium: \$ \_\_\_\_\_

Last Year Expiring Carrier: \_\_\_\_\_

For Profit: \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_  
 Association: \_\_\_\_\_ Non Profit: \_\_\_\_\_ Other: \_\_\_\_\_

Years this entity in business: \_\_\_\_\_ Years experience of this owner: \_\_\_\_\_

**General Liability Limits (Aggregate/Occurrence)**

Please check one:

\$2,000,000/\$1,000,000: \_\_\_\_\_ \$2,000,000/\$2,000,000: \_\_\_\_\_

Excess Liability / Increase in Liability (Per Occurrence): Check one if applicable

\$1,000,000: \_\_\_\_\_ \$2,000,000: \_\_\_\_\_ \$3,000,000: \_\_\_\_\_ \$4,000,000: \_\_\_\_\_

If Liability Only, Please indicate estimated # of Spectators: \_\_\_\_\_

Accident / Medical Coverage Limits Carried (Per Accident): Check one

None: \_\_\_\_\_ \$25,000: \_\_\_\_\_ \$100,000: \_\_\_\_\_ Other: \_\_\_\_\_

Medical Deductible Option: Check one

\$-0-: \_\_\_\_\_ \$100: \_\_\_\_\_ \$250: \_\_\_\_\_ \$500: \_\_\_\_\_ \$1,000: \_\_\_\_\_

Additional coverages needed:

\_\_\_\_\_ Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

**Location or Building Information (if applicable)**

Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Construction of Building \_\_\_\_\_

Sprinklered \_\_\_\_\_

Area (Square Footage) \_\_\_\_\_

Annual Sales / Receipts \_\_\_\_\_

**General Information**

- |   |     |    |
|---|-----|----|
| 1. Have any of your policies or coverages been declined, canceled, or nonrenewed during the past 3 years?               | Yes | No |
| 2. Have you or any director, officer or employee been convicted of any crime within the past 10 years? If yes, explain. | Yes | No |
| 3. Has the applicant had any claims filed against it in the last four years?  | Yes | No |
| 4. Does the applicant currently have Liability Insurance?   | Yes | No |

**Underwriting Information**

- |   |     |    |
|---|-----|----|
| 5. Is there an overnight exposure associated with the league, camp, or clinic?  | Yes | No |
| 6. Do you belong to any national, state, or local sports Association?   | Yes | No |
| 7. Does the association have membership eligibility requirements?   | Yes | No |
| 8. Are you or your staff certified by the association you belong to?  | Yes | No |
| 9. Are you or your staff trained / certified in CPR or First Aid?   | Yes | No |
| 10. Do you require a completed waiver from all Participants?  | Yes | No |
| 11. Is parent's signature required for minors?  | Yes | No |
| 12. Do you have a written incident report procedure in place?   | Yes | No |
| 13. Do you keep a log of all incidents?   | Yes | No |
| 14. Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services? | Yes | No |
| 15. If so, do you wish to add them as additional insureds on your policy? (10% additional premium)  | Yes | No |

**Food and Beverage**

- |  |     |    |
|--|-----|----|
| 16. Does applicant operate a concession stand? | Yes | No |
| 17. List types of food / beverages sold:       | Yes | No |

**Abuse & Molestation**

- |  |     |    |
|--|-----|----|
| 18. Is applicant seeking a quote for Abuse / Molestation Coverage? If No, skip this section.   | Yes | No |
| 19. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | Yes | No |
| 20. a. Does your state permit you to do criminal background investigations?  | Yes | No |
| b. If yes, do you routinely request and receive such background investigations?  | Yes | No |

- |   |     |    |
|---|-----|----|
| 21. Do you verify employment-related references?  | Yes | No |
| 22. Do you conduct a personal interview?  | Yes | No |
| 23. Do you have written procedures for dealing with sexual abuse? If yes, please attach a copy.                               | Yes | No |
| 24. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? | Yes | No |
| 25. a. Has your organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please describe.   | Yes | No |
| b. Was a claim made against the organization?   | Yes | No |
| c. Was the case settled?  | Yes | No |
| d. Was the case taken to trial?   | Yes | No |
| e. How much money was paid as damages to victim? \$   |     |    |
| 26. Regarding coverage for abuse & molestation, does your current program:  |     |    |
| Exclude Coverage  |     |    |
| Limit Coverage (please indicate limit)  |     |    |
| Neither Exclude or Limit Coverage   |     |    |
| 27. Please indicate age range of clients:      From:                      To:   |     |    |

**Itemized Receipts**

Participant Memberships: \$  
 Food and Non-Alcoholic Beverages: \$  
 Spectator Fees: \$  
 Alcoholic Beverages: \$  
 Other: (Please describe below) \$  
 Notes for above answers:

**Applicant's Statement and Declarations**

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein. By signing below, applicant hereby warrants that all information provided in this application is true and correct, including information provided on the following two pages concerning number of participants and any leagues, camps, and clinics.

X

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Applicant's Signature	Date	Broker's / Agent's Signature	Date
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**League Exposure Information**

Please provide the Estimated Annual Number of Participants by Activity.

Type of Sport	# Days of Overnight Exposure	Age 12yrs & Under (# of Participants Annual)	Age 13yrs-15yrs (# of Participants Annual)	Age 16yrs-18yrs (# of Participants Annual)	Age 18yrs & Over (# of Participants Annual)
Aerobics					
Archery					
Badminton					
Baseball					
Basketball					
Baton Twirling					
Bowling					
Boxing					
Cheerleading					
Cricket					
Cross Country					
Dance					
Diving					
Drill Team					
Fencing					
Field Hockey					
Football (Contact)					
Football (Non-contact)					
Golf					
Gymnastics					
Handball					
Ice Hockey					
Ice Skating					
Inline Hockey					
Judo					
Karate					
Lacrosse					
Martial Arts					
Polo					
Pom Pom					
Racquetball					
Rifle / Skeet /					
Rowing					
Sailing					
Skiing					
Soccer					
Softball					
Speed Skating					
Squash					
Swimming					
Tennis					
Track & Field					
Ultimate					
Volleyball					
Weightlifting					
Wrestling					
Other: _____					

**Camp / Clinic Exposure Information**

Please provide the Estimated Annual Number of Participants by Activity.

Type of Sport Camp / Clinic / Tournament	# Days of Overnight Exposure	Youth (Age 15 & Under) (# of Participants Annual)	Youth (# of Days Participants Attend)	Youth # of Camper Days (# of Participants X # of Days)	Adult (over 15 Yrs Old) (# of Participants Annual)	Adult (# of Days Participants Attend)	Adult # of Camper Days (# of Participants X # of Days)
Aerobics							
Archery							
Badminton							
Baseball							
Basketball							
Baton Twirling							
Bowling							
Boxing							
Cheerleading							
Cricket							
Cross Country							
Dance							
Diving							
Drill Team							
Fencing							
Field Hockey							
Football (Contact)							
Football (Non-contact)							
Golf							
Gymnastics							
Handball							
Ice Hockey							
Ice Skating							
Inline Hockey							
Judo							
Karate							
Lacrosse							
Martial Arts							
Polo							
Pom Pom							
Racquetball							
Rifle / Skeet / Trap							
Rowing							
Sailing							
Skiing							
Soccer							
Softball							
Speed Skating							
Squash							
Swimming							
Tennis							
Track & Field							
Ultimate Frisbee							
Volleyball							
Weightlifting							
Wrestling							
Other: _____							

## ADDITIONAL INSURED'S/CERTIFICATE HOLDER'S:

Please note: A Complete name and address must be provided.

Individual cannot be listed as additional insured's.

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**Certificate Holder:**

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**Address:**

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**City, State, Zip:**

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