



Amateur Sports Facility Application

- NOTE:** This questionnaire is to be submitted along with the following completed forms:
- o ACORD Applicant Information Section 125
 - o ACORD Commercial General Liability Section 126
 - o ACORD Applications for other requested coverages: Property; Crime, Excess Liability

A. GENERAL INFORMATION			
1. Name of Insured (Applicant)			
2. What is the Insured's FEIN number?			
3. What is the Insured's website address?			
4. Number of years in business?			
5. Does the Insured conduct any other operation under this name?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:			
6. Contact Person:			
7. Phone Number:		Email:	
8. Person responsible for general operation of facility activities:			
9. Years of experience and type of experience:			

B. UNDERWRITING INFORMATION			
Activities Not Covered (without prior approval):			
Bungee jumping, tackle football, fireworks, concerts, comedy shows, child care operations, rock climbing walls, zip lines, swimming pools/water attractions, skate parks, BMX operations, amusement devices, go karts or other motorized racing, carnivals/circuses/fairs, paint ball, laser tag, fitness centers, martial arts, boxing, wrestling, activities involving a half-pipe, children's play structures and inflatable amusement devices.			
1. Total Projected Annual Gross Receipts:	\$		
Fees/Admissions:	\$		
In-House Leagues:	\$		
Leagues with separate sanctioning:	\$		
Memberships:	\$		
Camps/Clinics/Youth Training:	\$		
Tenant or Lease Income:	\$		
Rental Income:	\$		
Special Events:	\$		
Pro Shop/Retail Sales:	\$		
Sponsorship:	\$		
Other Income:	\$		
2. Number of Employees:	Full-time:	Part-time:	Total payroll: \$

3. Do you own or lease your facility?	<input type="checkbox"/> Own <input type="checkbox"/> Lease
4. Do you rent your facility to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc.)? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Square Footage of Facility:	
6. Is the facility rented for uses other than league games (e.g. birthday parties, banquets, etc.)? If yes, please provide a copy of the facility use (rental) agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your facility host its own leagues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your facility host leagues that have separate sanctioning through another organization? Does the league provide a certificate of insurance to the facility naming them as additional insureds? Please provide a copy of the rental agreement signed by sanctioned leagues.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your facility host events at locations other than the address listed above? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are there any amusement rides, air inflatable structures, rock climbing walls, zip lines, children's play structures, etc. on premises or brought on premises temporarily? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are staff members trained in First Aid and CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Please describe medical and first aid facilities provided for competitors:	
13. Does your facility subcontract out any of the following operations? <input type="checkbox"/> Janitorial <input type="checkbox"/> Concessions <input type="checkbox"/> Security <input type="checkbox"/> Facility Maintenance If yes, are Certificates of Insurance naming the facility as an additional insured obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is there a system in place for obtaining Certificates of Insurance where applicable? If yes, who reviews Certificates on behalf of the named insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the minimum limit of general liability coverage requested from each subcontractor?	\$
15. Do you have cooking surfaces on site? If yes, are cooking surfaces properly protected from fire exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the named insured involved in the sale or distribution of any products? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are there any special events planned at your facility during the coverage term (e.g. festivals, large tournaments, etc.)? Please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated spectators for these events:	

18. Does your facility employ any licensed/certified personal trainers, physical therapists, or other professional staff (dietitians, nutritionists, chiropractors, massage therapists, etc.) in order to provide these services to your patrons? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Do you have childcare facilities on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you perform background checks on individuals providing child care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are parents required to stay on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain the services offered and the procedures in place to protect the children while in your care:	
20. Are rules posted conspicuously and enforced at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are participants required to wear safety equipment during play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are all participants required to sign a Waiver and Release of Liability? If yes, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. When are waivers collected? <input type="checkbox"/> Annually <input type="checkbox"/> Upon initial visit to facility <input type="checkbox"/> Other	
Where are waivers stored?	
24. Is a log kept of all incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the referees or coaches employees of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are parking lots well-lit and patrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are facility inspections done regularly to detect potential hazards (including restrooms)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Is a log kept of inspections and maintenance performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Are written emergency/evacuation procedures in place? If yes, please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Do you have any skate park or BMX operations on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Does the facility rent or repair sports equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Are any portions of the facility, other than parking lots and lawn, accessible by the public after hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Are there construction operations on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the work subcontracted to a third party with additional insured certificates provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. SPORTS COVERAGE (FOR HOST LEAGUES)

Sport Played	1 st Practice Date (mm/dd/yy)	Sport End Date (mm/dd/yy)	# of Players 12 & under	# of Players 13-15	# of Players 16-18	# of Players 19 & over	Total # of Players

1. What is the total number of coaches, managers and volunteers?	
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D. CAMP/CLINIC INFO Day Camp Overnight Camp

Camp Grid

Age Groups

Sport Played	1 st Practice Date (mm/dd/yy)	Sport End Date (mm/dd/yy)	12 & under	13-15	16-18	19 & over	Total # of Campers (A)	# of Days (B)	# of Camper Days (A x B)

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|---|--|
| 1. Is this the director's first camp/clinic?
If yes, describe experience: _____

If no, number of years' experience: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is your camp/clinic strictly instructional? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. What is the total number of staff and volunteers? _____ | |
| 4. Are there other activities/operations that are run by camp/clinic staff? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

E. CONCUSSION PROTOCOL

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| 1. Do you have a written concussion management policy that is in compliance with current state Legislation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you distribute the written policy to coaches, parents, and players and require parents' written acknowledgement that they have received and reviewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you require coaches to undergo formal training for concussion recognition? If Yes, how often? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Does your policy require that any participant suspected of sustaining a head injury be removed from play immediately? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Does your policy require that any participant sustaining a head injury to be cleared by a licensed healthcare provider before player is allowed to return to play or practices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you require the use of headgear and other protective equipment that is approved by a recognized authoritative certifying organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Is applicant compliant with the Zachery Lystedt Law? (Washington State Only) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you utilize base line testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

F. ABUSE AND MOLESTATION
(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage, please skip this section and continue to the next section.)

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|---|--|
| 1. Does the insured have custodial responsibility for minors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, is abuse coverage desired? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever had an incident which resulted in an allegation of sexual abuse?

If yes, please describe: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. Is a written, signed employment application required for a prospective employees and volunteers? If yes, does the written employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. How do you verify employment and/or volunteer related references? <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> Do not Verify	
6. Do you conduct a personal interview with all prospective employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you maintain documentation of employment/volunteer application and background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have an employee handbook? (If yes, please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have and enforce written standards regarding Sexual Abuse/Molestation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do the procedures require that known or suspected abuse incidents must be reported to law enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are written procedures provided or available to each employee, volunteer or sanctioning/governing body member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do the written procedures establish and require adherence to the "Three Person Rule"? (Rule that prohibits one adult from being alone with one youth. A second adult must be present, or there must be two youths or more with an adult.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you discuss at your staff orientation: Child/Sexual Abuse including how to recognize signs, and what to do if anyone reports an incident or suspected incident? Do you document reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do you have a crisis management plan for dealing with staff personnel (including volunteers) victims, parents, authorities, and media if you have an accident or allegation of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have a plan of supervision that monitors staff (including volunteers) with child interaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. CLAIMS INFORMATION

In regard to claims, are both of the below statements true? 1. After full inquiry, you are not aware of any circumstances, complaints, claims, loss, or penalties/fines levied against you in the last 5 years in relation to the risks this application refers to. 2. You are not aware of any circumstances or complaints against you in relation to data protection or security, or any actual security violations or security breaches either currently or in the past 5 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Notice to Applicants:

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 act, which is a crime and may subject such person to criminal and civil penalties.

Applicable in AL, AR, DC, 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 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 FL

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.

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, NY, 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation) *. *Applies in NY Only.

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.

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- Loss runs for the past five years
- Copy of Facility Emergency Plan and Evacuation procedures
- Copy of adult and minor waiver and release of liability/assumption of risk
- Copy of the facility rental agreement for special events (for birthday parties, sanctioned leagues, etc.)
- Copy of written set of procedures for screening employees and volunteers
- Copy of your Abuse / Molestation Policy with regard to sexual abuse
- Copy of your written procedures for dealing with allegations of sexual abuse
- Copy of liability release waiver or rental contract for inflatable and or rock wall (if applicable)
- Provide a Rock Wall Supplemental Application if Rock Wall Coverage is requested
- Provide a photograph of the "Injury/lost property" disclaimer sign used at the inflatable and/or Rockwall site

DECLARATION

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured of Authorized Representative	Title	Date