



APPLICATION FOR: Amateur Sports Facility Application

I. Account Information

Named Insured/Applicant Name: _____
*Name to be listed on the policy

Location Address: _____

Mailing Address: _____
*If different than Location Address

Website Address: _____ Effective Date: _____

Annual Gross Revenues: \$ _____ Months of Operation: _____

Accident/Medical Coverage Limits Carried (Per Accident)
[] None [] \$5,000 [] \$10,000 [] \$25,000 [] \$50,000 [] \$100,000 [] \$1,000,000
Are there procedures in place to verify that individuals and parents carry their own health insurance? [] Yes [] No
If the applicant does not have Accident & Medical coverage, do you need a quote? [] Yes [] No

Risk Management Contact: _____ Risk Management's Phone: _____

Risk Management's Email: _____

II. Underwriting Information

A. General Information

1. Describe All Operations Conducted at Facility: _____

2. List All Sports Played: _____

3. Does the applicant belong to any national, state, or local sports association? [] Yes [] No

If yes, please explain: _____

4. Does use of the sports facility require eligibility requirements? [] Yes [] No

5. Is the applicant or your staff trained/certified in CPR or first aid? [] Yes [] No

6. Does the applicant require a completed waiver from all who use the sports facility? [] Yes [] No

7. Is a parent's signature required for minors? [] Yes [] No

8. Does the applicant have a written incident report procedure in place? [] Yes [] No

9. Does the applicant keep a log of all incidents? [] Yes [] No

10. Does the applicant have stated concussion protocol and/or guidelines? [] Yes [] No

If yes, please provide a copy.

11. Are coaches/trainers employees? [] Yes [] No

If no, do they furnish certificates of insurance? [] Yes [] No

12. Does the applicant require a facility rental agreement? [] Yes [] No

If yes: [] Individuals [] Leagues [] Groups

13. By law, what is the maximum capacity of the facility: _____

14. Number of Full-Time Staff: _____ Number of Part-Time Staff: _____

15. Number of Staff Under 18 Years Old: _____ 18-25 Years Old: _____ Over 25 Years Old: _____

16. Does the applicant maintain a full-time security staff? Yes No
 If yes, number of personnel devoted to security: _____
 If yes, is security staff: Employed Self-contracted
 If self-contracted, do they furnish a security certificate? Yes No
17. Does the applicant have equipment rentals? Yes No
 If yes, who operates the rental operation: Applicant Sub-contractor
 If sub-contractor, do they furnish a certificate of insurance?: Yes No
18. Does the applicant sponsor a team? Yes No
 If yes, please explain: _____
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- If yes, are they members of a sanctioned league? Yes No
 If yes, indicate sanctioning body: _____
19. Is spectator seating provided by your facility? Yes No
 If yes, maximum seating capacity: _____ If yes, type of seating: Permanent Portable
 If yes, type of seating: Wood Metal Concrete Other: _____
 If yes, is there a barrier (net, glass, etc.) between field and seats? Yes No
 If yes, are non-slip surface treads used on all stairs? Yes No
20. Does the applicant have locker rooms? Yes No
 If yes, are the rooms monitored? Yes No
21. Does the applicant have shower rooms? Yes No
 If yes, are they open to the public? Yes No
 If yes, are non-slip surfaces used in the shower area? Yes No
22. Are parking lots and curbs maintained (cleared) during winter storms? Yes No
 If yes, is it done by: Applicant Sub-contractor
23. When a storm occurs, is there a procedure in place to remove ice and snow from roof immediately as to avoid roof collapse? Yes No
 If yes, please explain: _____
24. Does the applicant operate a baby sitting service? Yes No
 If yes, what is the maximum amount of time child is supervised: _____ If yes, what is the ratio of adults to children: _____ to _____
25. Does the applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubble or domes? Yes No
26. Does the insured have any soccer goals? Yes No
 If yes, while on the field, are they secured/anchored to the ground? Yes No
 If yes, how: _____
 While in storage, are they secured to a structural section of the building? Yes No
 If yes, how: _____

III. Concussions - Athletics

1. Does the applicant have a written concussion awareness and management program in place? Yes No
 If yes, where applicable, is it compliant with current state legislation? Yes No N/A
 If yes, does this include understanding a concussion and the potential consequences of this injury? Yes No
 If yes, does this include recognizing the signs and symptoms of a concussion or other closed head injury and how to respond? Yes No
 If yes, does this include learning about steps for returning to activity after a concussion? Yes No
 If yes, does this include focusing on prevention and preparedness to help keep participants safe? Yes No
- * A copy of written program is required upon binding.**
2. Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention? Yes No
3. Does the insured communicate and distribute education materials to participants and/or parents/guardians of minors about the nature of risk of concussions, including, but not limited to, how to recognize concussion symptoms, in written or electronic form? Yes No
4. Does the insured require the participants and/or parents/guardians of minors to sign an acknowledgment that they have received and reviewed? Yes No
5. If a concussion is suspected, does the applicant require the participant to leave the game or practice immediately? Yes No

6. Does the applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play? Yes No
7. Does the applicant utilize base line testing? Yes No
8. Does the applicant currently utilize any concussion impact monitoring technology? Yes No
- If yes, please describe: _____
- Name of manufacturer: _____
- Who monitors the data: Coaches Employees Volunteers Third Party

A. Life Safety

1. Is exit emergency lighting provided? Yes No
- If yes, how often is it inspected: _____
2. Are exit doors equipped with panic hardware? Yes No
3. Are exit doors ever chained or locked? Yes No
4. Is there a fire detection system (smoke/heat)? Yes No
- If yes, please describe: _____
- If yes, are there manual pull stations on premises? Yes No
5. Are there written emergency evacuation plans? Yes No
6. Are employees familiar with appropriate evacuation procedures? Yes No
7. Is smoking permitted on premises? Yes No
- If yes, please describe: _____

B. Food and Beverages

1. Does the applicant operate a concession stand? Yes No
- If yes, is it self-service? Yes No
- If yes, are there designated eating areas? Yes No
- If yes, cooking equipment is: Electric Gas Propane
2. Are there grills and/or deep fryers on premises? Yes No
- If yes, are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? Yes No
- If yes, how often is the system cleaned: _____

IV. Abuse and Molestation

- N/A
1. Does the applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
2. Does the applicant's state permit him/her to do criminal background investigations? Yes No
- If yes, does the applicant routinely request and receive such background investigations? Yes No
3. Does the applicant verify employment-related references? Yes No
4. Does the applicant conduct a personal interview? Yes No
5. Does the applicant have written procedures for dealing with sexual abuse? Yes No
6. Will any independent contractors have access to children/clients or perform operations where they will be physically touching another person? Yes No
- If yes, please explain: _____
- Does the applicant perform background checks on hired independent contractors? Yes No
7. Does the applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
8. Has the applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
- If yes, please describe: _____
- Was a claim made against the organization? Yes No
- Was the case settled? Yes No
- Was the case taken to trial? Yes No
- How much money was paid as damages to victim: \$ _____
9. Regarding coverage for Abuse & Molestation, does your current program:
- Exclude coverage Limit coverage (please indicate limit): \$ _____ Neither exclude nor limit coverage
10. Please indicate age range of clients: From: _____ To: : _____

Requested Limit: Occurrence: \$ _____

Aggregate: \$ _____

V. Exposure Information

A. Itemized Receipts

Practice \$ _____

Competition \$ _____

Shows/Events \$ _____

Parties \$ _____

Pro Shop \$ _____

Food \$ _____

Beverages \$ _____ (Non-Alcohol)

\$ _____ (Alcohol)

Other \$ _____ (Describe: _____)

TOTAL \$ _____

B. Percentage Rental

Youth League \$ _____

Adult League \$ _____

Non-League Rental \$ _____

Other (Describe below) \$ _____

C. Participant Breakdown

12 & Under: _____ Age 13-15: _____

Age 16-18: _____ Adults: _____

D. Batting Cages – Waiver and Release Required

Annual Receipts: \$ _____

How many: _____

Manufacturer: _____

Minimum age requirement: _____

Manufacturing age/speed recs. posted? Yes No

1. Are the batting cages clearly marked for right or left handed hitters? Yes No

2. Are home plates clearly marked? Yes No

3. Is the machine velocity checked or calibrated? Yes No

If yes, by whom: _____

4. Are records kept? Yes No

If yes, for how long: _____

5. Are pitching machine settings able to be altered by hitters? Yes No

6. Are helmets or other safety equipment required to be used by participants in cages? Yes No

7. Is there a light or similar indicator when last ball has been pitched? Yes No

E. Number, Type and Size of Courts/Playing Fields

Number: _____ Type: _____ Length: _____ x width: : _____ = : _____ Sq. Ft.

Number: _____ Type: _____ Length: _____ x width: : _____ = : _____ Sq. Ft.

Number: _____ Type: _____ Length: _____ x width: : _____ = : _____ Sq. Ft.

Number: _____ Type: _____ Length: _____ x width: : _____ = : _____ Sq. Ft.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by ALIVE RISK in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify ALIVE RISK of such changes and ALIVE RISK may modify or withdraw the quote or binder.

The signing of this application does not bind ALIVE RISK to offer, or the applicant to purchase, the policy.

Name (Please Print/Type): _____

Title: _____

Signature: _____

Date: _____