



AMATEUR SPORTS FACILITIES INSURANCE APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

| | | | | |
|----------------------|--|----------|----------|------|
| Broker/Agency Name: | | | | |
| Address: | | City: | State: | Zip: |
| Contact Person: | | | | |
| Contact Information: | | Phone #: | Fax #: | |
| | | E-Mail: | Website: | |

GENERAL APPLICANT INFORMATION

| | | | | | |
|-----------------------------------|--------------------------------------|--|--------------------------------------|------------------------------|---------------------------------|
| Name of Insured: | | | Website: | | |
| Insured Street Address: | | City: | State: | Zip: | |
| Contact Person: | | | | | |
| Contact Information: | | Phone #: | Fax #: | | |
| | | E-Mail: | | | |
| Business Structure: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC | <input type="checkbox"/> Other: |
| Insured Status: | <input type="checkbox"/> For Profit | <input type="checkbox"/> Not For Profit | Federal ID #: | | |
| Date of Incorporation or Charter: | | State where Charter or Corporation is filed: | | | |
| Name of Owner: | | | | | |
| Name of Insurance Contact: | | | | | |

POLICY INFORMATION

| | | |
|--|------------------|---|
| Effective Date: | Expiration Date: | Quote Need By Date: |
| Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs. | | Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation: |

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

| Coverage Type | Limit Type: Occurrence | Limit Amount | Aggregate | Other |
|--------------------------------|------------------------|--------------|-----------|-------|
| General Liability | | | | |
| Products, Completed Operations | | | | |
| Personal & Advertising Injury | | | | |
| Legal Liability | | | | |
| Abuse & Molestation | | | | |
| Liquor Liability | | | | |
| Special Events | | | | |
| Participant Legal Liability | | | | |
| Other - Describe | | | | |



ADDITIONAL INSURED – Provide name, description and business relationship

| Additional Insured/Vendor Name | Description of the operations | Relationship to Insured |
|--------------------------------|-------------------------------|-------------------------|
| | | |
| | | |
| | | |

REVENUE BREAKDOWN

| | | |
|---|---|--------------------------------|
| Does the applicant operate a concession stand or have any other food/beverage sales? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, is it self-service? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, are there designated eating areas? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, cooking equipment is: | <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane | |
| Are there any grills and / or deep fryers on premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List type of foods / beverages sold: | | |
| Are there any liquor sales? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what percent of sales? |
| Estimated TOTAL Gross Receipts: | | |
| Breakdown of Receipts: | | |
| Rentals: | Practice: | Competition: |
| Concessions/Food: | Merchandise: | Shows/Events: |
| Parties: | Parking Receipts: | Liquor Receipts: |
| Other: | | |

UNDERWRITING INFORMATION

| | |
|---|---|
| Are there procedures in place to verify that the individuals and parents carry their own health insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant belong to any national, state, or local sports associations? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which? |
| Is the applicant or your staff trained / certified in CPR or First Aid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are all participants required to provide waiver and release and/or assumption of risk forms? | <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide a copy) |
| Who signs the waivers? | |
| When are the waivers signed? | |
| How long are the waivers retained? | |
| Where are the waivers stored? | |
| Does the applicant have a written incident report procedures in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant keep a log of all incidents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant have a concussion awareness and management program in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If a concussion is suspected, does the applicant comply with state requirements to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant currently utilize any concussion impact monitoring technology? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are coaches, managers, trainers, officials, referees, statisticians or scorekeeper's independent contractors that are paid a fee for their services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does the applicant want to add them as additional insureds on their policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does the applicant require certificates of insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



| Responsibilities: Please specify who has responsibility for the following event day operations: | | | |
|---|---|----------------------------|--|
| | Insured | Facility | Subcontractor/Other (Please List) |
| Facility Maintenance | <input type="checkbox"/> | <input type="checkbox"/> | |
| Concessions – Non-Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | |
| Concessions – Alcohol* | <input type="checkbox"/> | <input type="checkbox"/> | |
| First Aid | <input type="checkbox"/> | <input type="checkbox"/> | |
| Parking | <input type="checkbox"/> | <input type="checkbox"/> | |
| Security | <input type="checkbox"/> | <input type="checkbox"/> | |
| Premises Defects | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transportation* | <input type="checkbox"/> | <input type="checkbox"/> | |
| *If the insured handles this function, a separate application is required | | | |
| *Please provide a copy of all facility/venue agreements and/or subcontractor agreements. | | | |
| Type of medical facility/ambulance provided? | | | |
| Who is responsible for pre-event inspection of the event premises? | | | |
| Will any other underlying coverage be provided for this event? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: | | |
| Are athletic members covered by Workers Compensation? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | | |
| Is there any form of athlete compensation or prize money awarded for participation? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | | |
| Please provide details of the management experience (include number of years under present management): | | | |
| Describe in detail the nature of the operations: | | | |
| Does insured own or lease premises? Other occupancies? | | | <input type="checkbox"/> Owned <input type="checkbox"/> Leased |
| IF LEASED, PLEASE PROVIDE A COPY OF THE LEASE AGREEMENT WITH THE FACILITY | | | |
| What are the staffing guidelines per number of patrons? | | | |
| Number of full-time staff: | | Number of part-time staff: | |
| Number of volunteers: | | Number of security staff: | |
| Is there a pre-employment screening procedure? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please describe: | | |
| Is a criminal background check made? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| What training is required prior to a new employee being deployed? And who trains them? | | | |

ADDITIONAL UNDERWRITING INFORMATION

| | |
|--|--|
| Does the applicant have equipment rentals? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, who operates the rental operation? | <input type="checkbox"/> Applicant <input type="checkbox"/> Sub-Contractor |
| If sub-contractor, do they furnish a certificate of insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is spectator seating provided by your facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, maximum seating capacity: | |
| If yes, type of seating: | <input type="checkbox"/> Permanent <input type="checkbox"/> Portable |
| If yes, type of seating: | <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other: |
| If yes, is there a barrier between field and seats? | |
| If yes, type of barrier: | <input type="checkbox"/> Glass <input type="checkbox"/> Net <input type="checkbox"/> Other: |
| If yes, are non-slip surface treads used on all stairs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe the precautions taken to prevent spectators from entering restricted areas: | |
| Does the applicant have locker rooms? | |
| If yes, are the rooms monitored? | |



| | |
|--|--|
| Does the applicant have shower rooms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are they open to the public? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, are non-slip surfaces used in the shower area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant operate a babysitting service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is the ratio of adults to children? | |

SAFETY INFORMATION

| | | | |
|--|--|-----------------------------------|--|
| Are all curbs, steps and ledges highlighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does facility comply with ADA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are parking lots & curbs maintained during winter storms? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, it is done by: | <input type="checkbox"/> Applicant <input type="checkbox"/> Sub-contractor | | |
| Are you contemplating any demolition, new construction or structural alterations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please describe:</i> | | |
| Is the facility in compliance with all governmental safety and fire codes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Describe the medical support system: | | | |
| AEDs on premises: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, how many and are staff trained on use?</i> | # First Aid/CPR Trained staff: | | |
| Distance to nearest Medical Facility: | # of miles: | Distance to nearest Fire Station: | # of miles: |
| Is there a formal emergency evacuation <i>If Yes, provide a copy plan?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Describe the fire alarm system – central station, local alarm, etc.: | | | |
| Are all fire extinguishers easily accessible in all buildings? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are they checked: <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other – please describe: | | | |
| Do you have fire extinguishers located in all buildings, at all attractions? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Describe the burglar alarm system: | | | |
| Does the facility have back-up emergency lighting or generators: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are all exits well marked: <input type="checkbox"/> Yes <input type="checkbox"/> No | How many exits are in the facility? | | |
| Are there any security cameras in place? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |



HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

| | |
|---|--|
| Does the insured have any owned automobiles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, who is the insurer?</i> | |
| Limits of coverage: \$ _____ Effective date of coverage: _____ | |
| Does insured allow employees to use their own person vehicles for business purposes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, how many employees use their personal vehicles?</i> | |
| <i>If Yes, how often?</i> | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other |
| Does insured obtain Motor Vehicle Reports? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If Yes, what limits are required? \$ _____</i> | |
| Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other | |

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

| | |
|--|--|
| Does the insured have custodial responsibility for minors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does insured run background checks on all employees and volunteers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does insured have an Abuse & Molestation Policy with regard to sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe specific policy regarding any overnight travel. | |
| Has insured's organization ever had an incident which resulted in an allegation of sexual abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time. | |



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

| | |
|---|--------------------------|
| 1. Company loss runs currently valued for the past 5 years including current year | <input type="checkbox"/> |
| 2. Copies of expiring policies including any manuscript forms | <input type="checkbox"/> |
| 3. Detailed list of all insureds and their descriptions | <input type="checkbox"/> |
| 4. Detailed list of all insured locations and their descriptions | <input type="checkbox"/> |
| 5. List & description of any ancillary activities to be covered | <input type="checkbox"/> |
| 6. Copies of all event brochures you participant in | <input type="checkbox"/> |
| 7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.) | <input type="checkbox"/> |
| 8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc. | <input type="checkbox"/> |
| 9. Copy of adult and minor waiver and release and/or assumption of risk forms | <input type="checkbox"/> |
| 10. Copy of your formal officials and/or coaches instruction program | <input type="checkbox"/> |
| 11. Copy of all rule books and association manuals | <input type="checkbox"/> |
| 12. Copy of your formal athlete injury control program | <input type="checkbox"/> |
| 13. Copy of your procedures for screening employees and volunteers | <input type="checkbox"/> |
| 14. Copy of your abuse and molestation policy and procedures | <input type="checkbox"/> |

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

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 THE DISTRICT OF COLUMBIA

Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

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 HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

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 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 MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.