

# AMATEUR SPORTS FACILITY INSURANCE QUESTIONNAIRE

**SUBMISSION REQUIREMENTS**

* + Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
	+ Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $10,000
	+ Facility rental agreement (e.g., required of third parties renting your facility)
	+ Adult and/or minor waiver and release of liability form
	+ Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse

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| **GENERAL INFORMATION** |
| 1. Name of Insured (Applicant): |       |
| 2. Location/Address (if different from ACORD):       |
| 3. What is the insured’s FEIN number? |       |
| 4. What is the insured’s website address? |       |
| 5. Number of years in business? |       |
| 6. Does the insured conduct any other operations under this name? [ ]  Yes [ ]  No If yes, please explain:       |
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| **UNDERWRITING INFORMATION** |
| 1. Annual Revenue Total: $ Facility-organized leagues, Tenants: $      tournaments, lessons, open play, etc.: $      Child Care: $      Third Party Rentals: $      Retail: $      Liquor: $      Fitness: $      Restaurant / Concessions: $      Other: $      Describe:       |
| 2. Please mark the boxes for those activities that apply: |
|  [ ]  Baseball | [ ]  Obstacle Course [ ]  Indoor [ ]  Outdoor Describe any obstacles you build yourself:       |
|  [ ]  Basketball  | [ ]  Pro Shop - Do you manufacture any products? [ ]  Yes [ ]  No  If yes, describe:       |
|  [ ]  Batting Cages | [ ]  Climbing Wall – *Supplemental app required* |
|  [ ]  Boxing: [ ]  Contact [ ]  Non-contact | [ ]  Roller Hockey |
|  [ ]  Camp Programs: [ ]  Day [ ]  Night | [ ]  Roller Skating |
|  [ ]  Cryotherapy: [ ]  Contractor [ ]  Club operated | [ ]  Running Track: [ ]  Indoor [ ]  Outdoor |
|  [ ]  Dodgeball\* | [ ]  Snack / Juice Bar / Restaurant  [ ]  Contractor [ ]  Club operated |
|  [ ]  Field Hockey | [ ]  Soccer |
|  [ ]  Flag Football | [ ]  Softball |
|  [ ]  Floor Hockey | [ ]  Tennis |
|  [ ]  Golf | [ ]  Trampoline (Describe):       |
|  [ ]  Gymnastics: [ ]  Contractor [ ]  Club operated | [ ]  Volleyball |
|  [ ]  Lacrosse | [ ]  Wrestling |
|  [ ]  Martial Arts (Contact):  [ ]  Contractor [ ]  Club operated | [ ]  Ultimate Frisbee |
|  [ ]  Martial Arts (No Contact):  [ ]  Contractor [ ]  Club operated  | [ ]  Other:       |
|  **\*** Do dodgeball rules prohibit players from hitting above the shoulders? [ ]  Yes [ ]  No |
| 3. Do you have ice sports or activities? [ ]  Yes [ ]  No |
| 4. Describe the owner’s industry experience:       |
| 5. Do you own or lease your facility? [ ]  Own [ ]  Lease |
| 6. Any space leased to others? [ ]  Yes [ ]  No If yes, provide the following:  Name of business:       Description of operations:       Square footage leased to them:       Does the lessee have liability insurance?  [ ]  Yes [ ]  No |
| 7. Do you rent to others for activities other than sports league play (e.g., birthday parties,  banquets, etc.)? [ ]  Yes [ ]  No |
| 8. Does your facility host its own leagues? [ ]  Yes [ ]  No |
| 9. Does your facility host leagues that have separate sanctioning through another organization? [ ]  Yes [ ]  No Does the league provide a certificate of insurance naming you as additional insured? [ ]  Yes [ ]  No |
| 10. Does your facility host events off-site? [ ]  Yes [ ]  No If yes, describe:       |
| 11. Are there any amusement rides, inflatables, climbing walls, zip lines, children’s  play structures, etc. on premises or brought on premises temporarily? [ ]  Yes [ ]  No If yes, describe:       |
| 12. Do you have staff certified in CPR? ­­­­­­­­­­­­­­­­­­­­­­­­[ ]  Yes [ ]  No Do you have staff certified in First Aid? [ ]  Yes [ ]  No |
| 13. Please describe medical and first aid facilities provided for competitors: |       |
| 14. Does your facility subcontract out any of the following operations?  [ ]  Janitorial [ ]  Concessions [ ]  Security [ ]  Facility Maintenance  Does the subcontractor carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No |
| 15. Are there any special events planned at your facility during the coverage term (e.g. festivals,  large tournaments, etc.)? [ ]  Yes [ ]  No If yes, describe:       Estimated spectators for these events:       |
| 16. Does your facility employ any licensed/certified personal trainers, physical therapists, or other  professional staff (dieticians, nutritionists, chiropractors, massage therapists, etc.) in order to  provide these services to your patrons? [ ]  Yes [ ]  No If yes, describe:       |
| 17. Are rules posted conspicuously and enforced at all times? [ ]  Yes [ ]  No |
| 18. Are participants required to wear safety equipment during play? [ ]  Yes [ ]  No |
| 19. Is a Waiver and Release of Liability signed by every member/participant/guest? [ ]  Yes [ ]  No Is a Waiver and Release of Liability signed by the parent or guardian for any minors? [ ]  Yes [ ]  No When are waivers collected? [ ]  Annually  [ ]  Upon initial visit to facility  [ ]  Other (Describe):       |
| 20. Is a log kept of all incidents? [ ]  Yes [ ]  No |
| 21. Are the referees and coaches employees of the insured? [ ]  Yes [ ]  No |
| 22. Is security lighting provided in your parking lot? [ ]  Yes [ ]  No |
| 23. Are facility inspections, including restrooms, done regularly to detect potential hazards? [ ]  Yes [ ]  No Is a log kept of inspections and maintenance? [ ]  Yes [ ]  No |
| 24. Does the facility rent or repair sports equipment? [ ]  Yes [ ]  No |
| 25. Are any portions of the facility, other than parking lots and lawn, accessible by the public after  hours? [ ]  Yes [ ]  No If yes, explain:       |
| 26. Are there any air supported structures on your premises (e.g., domes, bubbles, etc.)? [ ]  Yes [ ]  No |
| 27. Is signage used throughout facility to indicate proper use of equipment, club features, and  off-limits areas? [ ]  Yes [ ]  No |
| 28. Does your facility ever use a scissor lift? [ ]  Yes [ ]  No If yes, who operates the scissor lift (i.e. employee, volunteer, independent contractor, etc.)?       Who is responsible for the maintenance of the scissor lift?       If the insured is responsible, describe the maintenance schedule:       Is a maintenance log for the scissor lift maintained? [ ]  Yes [ ]  No |
| 29. Are there procedures in place to suspend outside play during inclement weather? [ ]  Yes [ ]  No Describe:       |
| 30. Are there showers on the premises? [ ]  Yes [ ]  No If yes, do they have a non-skid surface? [ ]  Yes [ ]  No Is there a daily maintenance log? [ ]  Yes [ ]  No Are there GFI protectors on all outlets in the shower / wet areas? [ ]  Yes [ ]  No |
| 31. Is the insured a member of any sanctioning bodies? [ ]  Yes [ ]  No If yes, list the sanctioning bodies:       |
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**ABUSE AND MOLESTATION**

 Does the insured have custodial responsibility for minors? [ ]  Yes [ ]  No

 If yes, is abuse coverage desired? [ ]  Yes [ ]  No

 ***If coverage is desired, please complete the following section.***

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| 1. Does the insured have custodial responsibility for minors?  [ ]  Yes [ ]  No If yes, is abuse coverage desired? [ ]  Yes [ ]  No |
| 2. Do your 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? [ ]  Yes [ ]  No If yes, what is the process for dealing with a "yes" answer?       |
| 3. (a) Does your state permit you to do criminal background checks on: [ ]  Yes [ ]  No Employees?  [ ]  Yes [ ]  No Volunteers? (b) If yes, do you routinely request and receive such background information on all  individuals who will have contact with minors? [ ]  Yes [ ]  No |
| 4. (a) Do you verify employment-related references for employees? [ ]  Yes [ ]  No (b) Do you verify employment-related references for volunteers? [ ]  Yes [ ]  No |
| 5. (a) Do you conduct a personal interview for employees? [ ]  Yes [ ]  No (b) Do you conduct a personal interview for volunteers? [ ]  Yes [ ]  No |
| 6. Do you have a written set of procedures for screening employees and volunteers? [ ]  Yes [ ]  No If yes, please forward. If no, please describe your screening process.       |
| 7. Do you have an Abuse / Molestation Policy with regard to sexual abuse? [ ]  Yes [ ]  No If yes, please indicate how it is transmitted to your employees/volunteers.       |
| 8. Do you have written procedures for dealing with allegations of sexual abuse? [ ]  Yes [ ]  No  If yes, please forward. If no, please describe what your current response would be.       |
| 9. Describe how your organization supervises employees and volunteers having custody of children.       Describe specific policy regarding any overnight travel.       |
| 10. (a) Has your organization ever had an incident which resulted in an allegation of sexual abuse? [ ]  Yes [ ]  No If yes, please describe your organization's response to the allegation.       (b) Was a claim made against the organization or an individual within the organization? [ ]  Yes [ ]  No When did the alleged incident(s) occur?       (c) Was the case taken to trial? [ ]  Yes [ ]  No [ ]  Civil [ ]  Criminal (d) What was the disposition of the case?       |
| 11. Regarding coverage for abuse and molestation, does your current insurance program: [ ]  Yes [ ]  No Exclude coverage? [ ]  Yes [ ]  No Limit coverage (please forward a copy of the endorsement)? [ ]  Yes [ ]  No Neither exclude or limit coverage? |
| 12. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time.       |
| 13. Please describe your current and/or planned operations that involve the custodial care of minors.       |
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| **AUTO EXPOSURE** |
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| 1. Complete the following chart: Seeking Quote Insured Elsewhere No Exposure A. Owned or Long-Term Leased Vehicles [ ]  [ ]  [ ]   B. Hired and/or Nonowned Vehicles [ ]  [ ]  [ ]  C. Garagekeepers Liability (e.g. Valet Parking) [ ]  [ ]  [ ]  If seeking coverage for A. or C., provide the completed and signed Acord Auto (including Auto Schedule) and/or Garagekeepers applications. Note: If you purchase coverage for owned vehicles through another company, we cannot offer nonowned or hired auto coverage. Please add it to your existing Commercial Auto policy. |
| 2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking  a quote? [ ]  Yes [ ]  No If yes, answer the following: Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $      Do you purchase coverage through the rental agency when you rent vehicles? [ ]  Yes [ ]  No Is hired auto physical damage to be covered? [ ]  Yes [ ]  No |
| 3. Do employees or volunteers use personal vehicles for company business? [ ]  Yes [ ]  No If yes, answer the following: How many employees/volunteers use their personal vehicles for company business?       How often: [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other:       Describe the activities for which an employee/volunteer would use a personal vehicle for company business.       Do you verify that personal auto insurance is in place before employees can use their autos  for company business? [ ]  Yes [ ]  No |
| 4. Driver Screening and Training Do you have a driver safety/training program? [ ]  Yes [ ]  No Do you require proof of valid drivers’ license for anyone who drives on company business? [ ]  Yes [ ]  No What is the minimum age for driving on company business?       years Do you review Motor Vehicle Reports for those who drive on company business? [ ]  Yes [ ]  No If yes, how often? [ ]  Annually [ ]  Every Other Year [ ]  Other:       If yes, what criteria renders an individual ineligible to drive on company business?       |
| 5. Do you provide the following services?  [ ]  Valet Service [ ]  VIP parking/storage [ ]  Neither If you provide either or both services, answer the following: Are the vehicles driven onto public roads or do they remain on premises only? [ ]  On premises only [ ]  Driven on public roads Do you have a key control system? [ ]  Yes [ ]  No Does security monitor the areas where vehicles are parked? [ ]  Yes [ ]  No |
| 6. Do you provide shuttle services for patrons? [ ]  Yes [ ]  No If yes, answer the following: Are shuttle drivers required to carry a CDL? [ ]  Yes [ ]  No If off-premises, distance traveled:       |
| 7. Do you utilize courtesy vehicles? [ ]  Yes [ ]  No If yes, provide a copy of the contract with the vehicle owner(s). |
| 8. Do you hire bus transportation? [ ]  Yes [ ]  No If yes, answer the following: Do you obtain additional insured status from the bus company? [ ]  Yes [ ]  No If yes, what limit of insurance do you require? $      Provide a copy of the contract with the bus company. |
| 9. Do you provide transportation to players/athletes/members? [ ]  Yes [ ]  No [ ]  N/A If yes, do you use a hired transportation company that supplies the driver? [ ]  Yes [ ]  No  If no, how do you provide transportation?       |
| 10. Answer the following only if seeking a quote for owned or long-term leased vehicles: Are there protections in place at the area where the vehicles are stored? [ ]  Yes [ ]  No If yes, describe:       Is there a concentration of values exposed to a common loss at any time? [ ]  Yes [ ]  No If yes, describe:       |
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| **CHILDCARE**  Do you provide childcare services? [ ]  Yes [ ]  No I***f yes, please complete the following section.***  |
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| 1. Is your childcare service required to be state licensed? [ ]  Yes [ ]  No  |
| 2. Age of children in childcare? Minimum:       Maximum:       |
| 3. Ratio of adult staff/attendance to children at any given time:       |
| 4. What system do you use for checking children in and out of childcare?       |
| 5. Are any of the childcare attendants CPR and/or first aid trained? [ ]  Yes [ ]  No  |
| 6. Are parents allowed to leave the facility while children are in your care? [ ]  Yes [ ]  No |
| 7. Is a waiver signed by a parent or guardian? [ ]  Yes [ ]  No  |
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| **CONCUSSION PROTOCOL** |
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| 1. Do you have concussion protocols? [ ]  Yes [ ]  No If yes, what concussion protocol is used and implemented? (ie. CDC Heads Up, etc.):       |
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| **CONSTRUCTION/RENOVATION** |
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| 1. Do you expect any construction, renovation, additions, or repair work (other than regularly  scheduled maintenance) at your facility during the policy period? [ ]  Yes [ ]  No If yes: Who will perform the work? [ ]  Employees [ ]  Contractor Please describe the work or project:        |
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| **CRYOTHERAPY CHAMBER**  Do you have a cryotherapy chamber? [ ]  Yes [ ]  No I***f yes, please complete the following section.***  |
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| 1. Name of chamber manufacturer:       |
| 2. An explanation or copy of the staff training program:       |
| 3. How is the chamber operated (i.e. controlled by member/guest or staff)?       |
| 4. Is the chamber used for medical rehab or for on-demand type voluntary use?        |
| 5. Copy of waiver form being used for the chamber. |
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| **EMERGENCY RESPONSE PLAN** |
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| 1. Do you have an Emergency Response Plan? [ ]  Yes [ ]  No  |
| 2. How often is the plan updated?       |
| 3. What year was the plan last updated?       |
| 4. Do you review the plan with employees? [ ]  Yes [ ]  No |
| 5. What frequency is the plan reviewed with employees?       |
| 6. Do you have an active shooter plan? [ ]  Yes [ ]  No |
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| **EMPLOYEE BENEFITS LIABILITY** Is Employee Benefits Liability coverage desired? [ ]  Yes [ ]  No ***If yes, please complete the following section.***  |
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| 1. Number of employees:       |
| 2. Retroactive Date:        |
| 3. Has Employee Benefits Liability coverage been continuously in force since the Retroactive Date? [ ]  Yes [ ]  No |
| 4. On optional enrollment items, is a signed acceptance/rejection page collected? [ ]  Yes [ ]  No If yes, is the signed acceptance or rejection retained in the employee’s personnel file? [ ]  Yes [ ]  No |
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| **FIREWORKS/PYROTECHNICS**  |
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| 1. Are pyrotechnics or fireworks displayed at any of your operations/events? [ ]  Yes [ ]  No If yes, is excess pyrotechnics/fireworks coverage desired? [ ]  Yes [ ]  No  **If coverage is desired, please complete the Pyrotechnics Supplemental Questionnaire.** |
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**INFLATABLE COVERAGE**

Do you have any inflatables? [ ]  Yes [ ]  No

 If yes, is coverage desired? [ ]  Yes [ ]  No

 ***If coverage is desired, please complete the following section.***

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| 1. Provide detailed list of inflatable(s) to be used.       How many inflatables do you have?       |
| 2. Where will inflatable(s) be set up? [ ]  Indoor [ ]  Outdoor |
| 3. Are inflatables set up and secured per manufacturer guidelines? [ ]  Yes [ ]  No If inflatables are setup outside, how will they be secured?       |
| 4. How many attendants at each inflatable?       |
| 5. Are inflatables taken offsite? [ ]  Yes [ ]  No |
| 6. Is a written log kept of daily inspection? [ ]  Yes [ ]  No  |
| 7. What wind speed do you shut down your inflatables?       |
| 8. How is the wind speed monitored?       |
| 9. Do you separate patrons into appropriate groups by weight and age? [ ]  Yes [ ]  No |
| 10. If any inflatables have slides, is an attendant always stationed at the bottom or top to tell the  next participant when to go? [ ]  Yes [ ]  No |
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| **LIQUOR LIABILITY** |
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| 1. Do your operations include the sale or distribution of alcoholic beverages? [ ]  Yes [ ]  No **If yes, please complete the Liquor Liability Supplemental Questionnaire.**  |
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| **RESTAURANT/SNACK OR JUICE BAR/VENDING** Do you provide food services? [ ]  Yes [ ]  No I***f yes, please complete the following section.***  |
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| 1. Indicate exposure: [ ]  Restaurant [ ]  Snack/Juice Bar (no cooking surfaces or fryers) [ ]  Vending |
|  If restaurant, answer the following questions: |
| 2. Are all cooking surfaces properly fire protected? [ ]  Yes [ ]  No  What type of Automatic Extinguishing System (AES) is in place?       Do you have a contract for servicing and maintaining the Automatic Extinguishing System? [ ]  Yes [ ]  No  How often is this system serviced and maintained? [ ]  Monthly [ ]  Quarterly [ ]  Semi-Annually [ ]  Annually How often are filters cleaned?       By whom?       How often are hoods/ducts cleaned?       By whom?       |
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| **SAUNA/STEAM ROOM**  Do you have a sauna or steam room? [ ]  Yes [ ]  No I***f yes, please complete the following section.***  |
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| 1. Is the sauna(s)/steam room(s) monitored for usage during open hours? [ ]  Yes [ ]  No  If so, how frequently:       Are written logs kept when checked? [ ]  Yes [ ]  No  |
| 2. Are rules posted regarding the proper use and safety precautions? [ ]  Yes [ ]  No |
| 3. Do the sauna(s)/steam room(s) heating elements have a protective cover to prevent burns? [ ]  Yes [ ]  No |

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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).

Date Signature of Insured Title

Send completed form along with referenced ACORD application(s) to:

 **American Specialty Insurance & Risk Services, Inc.**

**7609 W. Jefferson Boulevard, Suite 100**

**Fort Wayne, IN 46804**

**Phone: (800) 245-2744**

# E-mail: apply@americanspecialty.com