

# NATIONAL GOVERNING BODIES

# INSURANCE QUESTIONNAIRE

* **NOTE: This questionnaire is to be submitted along with the following completed and signed forms:**
  + **ACORD Applicant Information Section 125**
  + **ACORD Commercial General Liability Section 126**
  + **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Transportation; Excess Liability; Employment Related Practices.**

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| **GENERAL INFORMATION** | | | | | | | | |
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| 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** | | | | | | | | |
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| 1. Please provide detail on management experience: | | | | | | | | |
| 2. Nature of operations/description of the insured: | | |  | | | | | |
| 3. Are local, state and regional organizations involved in your organization?  Yes  No  If yes, please explain: | | | | | | | | |
| 4. Is insurance to be extended to these groups on a blanket basis?  Yes  No | | | | | | | | |
| 5. Is participation in the insurance program  Mandatory  Optional  If optional, please explain: | | | | | | | | |
| 6. What activities are sanctioned by the insured? | | | | | | | | |
| 7. Explain the sanctioning procedures: | | | | | | | | |
| 8. In order to take part in a sanctioned event the insured requires:  100% membership in order to compete in an event  100% membership in order to compete in an event but will allow trial memberships  Insured opens competitions to non-members | | | | | | | | |
| 9. Number of Participants in this association: | |  | | | | | Number of Minor Participants: |  |
| Number of sanctioned events per year: | |  | | | | | Number of coaches: |  |
| Number of officials/umpires: | |  | | | | | Number of Volunteers: |  |
| Number of clubs/teams: | |  | | | | | | |
| 10. Please list all events conducted by the association at which anticipated attendance will exceed 20,000 people: | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Event | Location | Date | Est. Attendance | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | | |
| Will you host any world or national games during the policy period?  Yes  No | | | | | | | | |
| 11. Please describe participant personal accident coverage provided for your association: | | | | | | | | |
| Carrier: |  | | | Primary  Excess | | | | |
| Accident Limits: |  | | | Accidental Death & Dismemberment limits: $ | | | | |
| Catastrophic Limits: |  | | | | | | | |
| 12. Does the insured promulgate sports rules?  Yes  No  If yes, please provide a copy of the rules and/or the website link where available. | | | | | | | | |
| 13. Does the insured have any international exposure?  Yes  No  If yes, please explain: | | | | | | | | |
| 14. Are the insured’s members subject to drug testing?  Yes  No  If yes, what entity conducts the drug testing: | | | | | | | | |
| 15. Is there a formal officials and/or coaches instruction program?  Yes  No  **If yes, please provide copies of all written material in the program.** | | | | | | | | |
| 16. Does the insured employ a risk manager?  Yes  No | | | | | | | | |
| 17. Does the association have a formal athlete injury control program?  Yes  No  **If yes, please provide a copy of this program.** | | | | | | | | |
| 18. Do you currently secure waiver and release and/or assumption of risk statements from  all participants?  Yes  No | | | | | | | | |
| **If yes, please provide a copy of each such document.** | | | | | | | | |
| a. Who signs the waivers? (e.g. all athletes): | | | | |  | | | |
| b. When are the waivers signed? (e.g. at membership inception and prior to each event): | | | | | | | | |
| c. How long are the waivers kept? (e.g. statutory): | | | | | |  | | |
| d. Where are the waivers stored? (e.g. warehouse) | | | | | |  | | |
| 19. Please describe the preparations the association takes for potential athlete injuries during competition and practice: | | | | | | | | |
| 20. Does the Association have a method of reviewing contracts entered into by its member  team/club, if applicable?  Yes  No  If yes, please describe: | | | | | | | | |
| 21. Please describe how information is disseminated from the national level to the individual team/club (i.e. rule changes): | | | | | | | | |
| 22. Does the Association have a method for ensuring the safety and adequacy of competition areas?  Yes  No of spectator areas?  Yes  No | | | | | | | | |
| If yes, please describe: | | | | | | | | |
| 23. Are all competition areas in compliance with state and local codes?  Yes  No  If no, please explain: | | | | | | | | |
| 24. Insured’s annual gross revenue: $ | | | | | | | | |

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| **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?   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 provided 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. |
| 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 nor 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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| Complete the following chart: | | | |
|  | We do this and are seeking coverage. | We do this and have coverage elsewhere. | We do not do this. |
| Own/lease/borrow/rent vehicles for company business. |  |  |  |
| Hire transportation services for company business. |  |  |  |
| Allow employees/volunteers to drive their personal vehicles on company business. |  |  |  |
| Provide valet or VIP parking services. |  |  |  |
| Provide or hire shuttle services. |  |  |  |
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| If you are seeking coverage for any of the above, we may require a completed Auto Exposure Supplemental Questionnaire.. | | | |

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| **CONCUSSION UNDERWRITING** |
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| 1. Does the Applicant have a written concussion awareness and management program in place,  and, where applicable, is it compliant with current state legislation?  Yes  No  If yes, does this include:  a. Understanding a concussion and the potential consequences of this injury?  Yes  No  b. Recognizing the signs and symptoms of a concussion or other closed head injury  and how to respond?  Yes  No  c. Learning about steps for returning to activity after a concussion?  Yes  No  d. Focusing on prevention and preparedness to help keep participants safe?  Yes  No  ***\* Provide a copy of the protocol or link to the protocol.*** |
| 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. a. 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  b. Does the insured require the participants and/or parents/guardians of minor to  sign an acknowledgment that they have received and reviewed?  Yes  No |
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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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| **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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| **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.** |

**Please provide the following with this QUESTIONNAIRE:**

* Ten years of company loss runs with description of any individual claim or reserve in excess of $10,000.
* Most current audited financials.
* Three years of historical membership information
* Copy of all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* A list of all locations to be insured, including addresses and descriptions of each.
* A list of all insureds to be included along with a description of each.
* A list and description of any ancillary activities to be covered.
* Copies of subcontractor agreements or agreements between the insured and any additional insured.
* If the application for coverage is for an event or multiple events, provide a copy of all brochures describing the event(s).
* A copy of waiver and release and/or assumption of risk statements.
* Provide a copy of the participant personal accident coverage policy provided for your association
* Provide copies of all written material in yourformal officials and/or coaches instruction program
* Provide formal athlete injury control program
* Copy of all rule books and association manuals.
* 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

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**

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