

**PROFESSIONAL SPORTS**

**TEAMS AND LEAGUES 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** | | | | | | | |
| 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. Game facility name:  Address:  Street City State Zip  Is the facility owned or leased?  Owned  Lease  ***IF LEASED, PROVIDE A COPY OF THE LEASE AGREEMENT WITH THE FACILITY.***  How many years has the team played at this facility? | | | | | | | |
| 2. Practice facility name:  Address:  Street City State Zip  Is the facility owned or leased?  Owned  Lease  Any other locations owned or rented?  Yes  No Please attach a list.  List any additional premises leased, rented, or occupied by applicant. Interest in location  A.  B.  C.  ***IF LEASED, PROVIDE A COPY OF THE LEASE AGREEMENT WITH THE FACILITY.*** | | | | | | | |
| 3. Does the club **OWN** any farm/minor league teams?  Yes  No  ***If yes and the team is to be included as a named insured, provide a copy of the lease agreement for the owned team’s game-day facility.*** | | | | | | | |
| 4. List exposures in foreign countries, if any, and describe the operations: | | | | | | | |
| 5. What is the estimated turnstile attendance for the upcoming season? | | | | | | | |
| 6. What was the turnstile attendance for the last three years: | | | |  |  | |  |
| 7. Please provide breakdown for the following categories:  a. Game Receipts $  b. Concession Receipts $  i. Food and drink $  ii. Liquor $  iii. Merchandise $  c. Parking Receipts $ | | | | | | | |
| 8. Are all the team trainers certified by the National Athletic Trainers Association?  Yes  No  Number of trainers: | | | | | | | |
| 9. Do entities using the facility list the proposed named insured as an additional insured (if team owns or manages their stadium?  Yes  No  If yes, what limit is required? | | | | | | | |
| 10. **A copy of the uniform player agreement is required if the team participates in an independent League.** | | | | | | | |
| 11. For Stop Gap coverage, please provide the payroll for the monopolistic states (OH, WA, ND, WV, WY) | | | | | | | |
| OH | WA | ND | WV | | | WY | |
| 12. Do you have a written set of guidelines governing mascot behavior?  Yes  No  ***If yes, please provide a copy of the mascot behavior guidelines.*** | | | | | | | |
| 13. Does your facility have any pools for hot tubs?  Yes  No  If yes, please complete the Swimming Pool/Hot Tub Supplemental Questionnaire. | | | | | | | |
| 14. Insured’s annual gross revenue: $ | | | | | | | |
| 15. If located at a ballpark, does the netting extend from foul pole to foul pole?  Yes  No  If No, please answer the following questions and provide the additional information specified  below:   * How far does the netting extend? * Are there any immediate plans to extend the coverage of the netting?  Yes  No * Please provide a diagram of the field/netting layout and pictures along with procedures in   place to mitigate the risk in areas not protected by netting (i.e.:  signage, spotters, etc.). | | | | | | | |
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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 PROTOCOL** |
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| 1. Does the insure follow a written concussion protocol?  Yes  No  If no, please explain: |
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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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**CONTRACTUAL UNDERWRITING INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
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| 1. Details of written contractual agreements other than liability assumed under any lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreements, and elevator or escalator  maintenance agreement: | | | | | | |
| 2. Who has authority to sign contracts on behalf of the proposed named insured and what is the review process? | | | | | | |
| 3. Does the team have a procedure for securing certificates of insurance from all  sub-contractors and service providers?   Yes  No  If yes, are the certificates reviewed for minimum requirements?   Yes  No  If yes, please provide an outline of the minimum requirements.  Do they name the team as additional insured?  Yes  No | | | | | | |
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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**  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 following sections.*** | | | | | | |
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| ***(For the purpose of this questionnaire, the term “pyrotechnics” shall be considered interchangeable with the term “fireworks”.)*** | | | | | | |
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| 1. Location of the event(s) where pyrotechnics will be displayed: | | | | | | |
| 2. Estimated times a year pyrotechnics are displayed: | | | | | | |
| 3. Are pyrotechnics conducted by a licensed and insured subcontractor?  Yes  No  If no, please explain who conducts pyrotechnics:  If yes, do you receive an additional insured certificate of insurance with limits of at least $1M?   Yes  No  Provide name of subcontractor: | | | | | | |
| 4. For every event where pyrotechnics are used at the venue, does the authority having  jurisdiction approve all written plans and issue a permit?    Yes  No | | | | | | |
| 5. Will there be a fire department on-site during the display?  Yes  No  If no, what is the distance to the nearest fire station? | | | | | | |
| 6. Do you store pyrotechnics on-site?  Yes  No  If yes, does the storage facility meet the appropriate NFPA Standards and has been approved  by the authority having jurisdiction?  Yes  No  If no, please describe your storage system: | | | | | | |
| 7. Answer these questions if pyrotechnics will be displayed outdoors  N/A  Are spectators, unauthorized vehicles, and readily combustible materials located within the  designated and approved fallout area during pyrotechnic displays?  Yes  No  Is the site checked for debris, including duds, immediately after and the morning following  the event?  Yes  No | | | | | | |
| 8. Answer these questions if pyrotechnics will be displayed indoors  N/A  Does the facility have a sprinkler system?  Yes  No  Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays  either themselves or through a contractor?      Yes  No  If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met and that insurance has been obtained from either the tenant or the tenant’s subcontractor who lists you as an additional insured? | | | | | | |
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| **GAME DAY OPERATIONS**  ***(Please provide a schedule of practices, games, and all other ancillary events for the proposed policy period.)*** | | | | | | |
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| Specify who has responsibility for the following game day operations (check one): | | | | | | |
| Activity | Team | | Facility | Subcontractor | | Specify Company Contracted |
| Participants |  | |  |  | |  |
| Spectators |  | |  |  | |  |
| Security |  | |  |  | |  |
| Parking |  | |  |  | |  |
| Concessions-Non-Alcohol |  | |  |  | |  |
| Concessions-Alcohol |  | |  |  | |  |
| Facility Maintenance |  | |  |  | |  |
| Maintenance of Competition Area |  | |  |  | |  |
| First Aid |  | |  |  | |  |
| 1. Are you responsible for annual stadium operations?  Yes  No | | | | | | |
| 2. Person responsible for general operation of facility activities:  Years of experience: | | | | | | |
| 3. Any self-promoted events?  Yes  No  If yes, please describe: | | | | | | |
| 4. Date stadium/venue was constructed:  Date of any major reconstruction:  Primary construction material(s):  Stadium/venue capacity:  Permanent seating capacity:  Type of siren/smoke alarms: | | | | | | |
| 5. Are there any amusement rides, air inflatable structures, climbing walls, playground  equipment, pools or hot tubs, etc. on premises or brought on premises temporarily?  Yes  No  If yes, please describe: | | | | | | |
| 6. Any childcare services provided?  Yes  No  If yes, please describe: | | | | | | |
| 7. What is the estimated turnstile attendance for the upcoming season? | | | | | | |
| 8. What is the estimated non-game day event attendance for self-promoted/co-promoted events? | | | | | | |
| 9. What is the estimated event attendance for 3rd party events coming in with their own  insurance naming the insured as an additional insured? | | | | | | |
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| **HOT TUB LIABILITY**  ***(Please complete this section if you need a quote for Hot Tub Coverage. If you do not need a quote for Hot Tub Coverage, please skip this section and continue to the next section.)*** | | | | | | |
| 1. Location of Premises:  Street City State Zip | | | | | | |
| 3. How often is the chlorine level checked? | | | | | | |
| 4. Who uses the chemicals?       Are they trained?  Yes  No | | | | | | |
| 5. Are the chemicals purchased in bulk?  Yes  No  How much is stored on premises? | | | | | | |
| 6. Are the chemicals:  Stored  Subcontracted If stored, where? | | | | | | |
| 7. How is the Hot Tub sectioned off from the bleacher/spectator area? | | | | | | |
| 8. How is access controlled and supervised during the game and at all other times? | | | | | | |
| 9. How are slip and fall hazards controlled? | | | | | | |
| 10. What type of surface does the Hot Tub rest on? | | | | | | |
| 11. Is the Hot Tub a safe distance from the electrical hazards?  Yes  No  If no, please explain. | | | | | | |
| 12. Who installed the Hot Tub?       Licensed contractors?  Yes  No | | | | | | |
| 13. How are individuals using the Hot Tub protected from baseballs entering the area? | | | | | | |
| 14. Are minors permitted in Hot Tub if accompanied by an adult?  Yes  No  If permitted, what is the minimum age? | | | | | | |
| 15. What are the maximum number and average number of individuals allowed at one time in the Hot Tub (capacity)? | | | | | | |
| 16. Are individuals required to sign a waiver/release prior to being permitted to enter the Hot Tub?  Yes  No | | | | | | |
| 17. Are ground fault interrupters installed specifically for the Hot Tub?  Yes  No | | | | | | |
| 18. Are safety rules and restriction signs posted specifically for the Hot Tub?  Yes  No | | | | | | |
| 19. What is the maximum water temperature?  Is this temperature posted of public view?  Yes  No | | | | | | |
| 20. Is there a recommended time limit for persons to be in the water?  Yes  No | | | | | | |
| 21. Is there an attendant present specifically for the Hot Tub?  Yes  No | | | | | | |
| 22. What type of emergency equipment (telephone, emergency stop) is available? | | | | | | |
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| **LIQUOR LIABILITY**  Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the following section.** | | | | | | |
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| 1. Location(s) where alcohol will be served:  Hours of Operation: | | | | | | |
| 2. When is alcohol served?  Year-round  Event specific  If event specific, is alcohol service stopped at least ½ hour prior to the end of the event?  Yes  No | | | | | | |
| 3. Type of Beverage sold:  Beer/Wine  Mixed Drinks  Hard Liquor | | | | | | |
| 4. Receipts (complete all that apply):  Applicant’s gross sales from alcohol:  If sold by a concessionaire/subcontractor/vendor, how much compensation does applicant receive?  Value of compensated/free alcohol (including “free” beverage tickets): | | | | | | |
| 5. Will alcohol be served:  Directly by the insured’s employees/volunteers?  Through a concessionaire/subcontractor/vendor?  If through a concessionaire/subcontractor/vendor, does this entity provide a certificate of  insurance naming you as an additional insured including liquor liability?  Yes  No  If alcohol is served directly by the insured’s employees/volunteers:  Name on liquor license:  License #:  Class of License: | | | | | | |
| 6. Do ALL servers receive alcohol awareness training?  Yes  No  Please indicate which training program is utilized (SAFE, TIPS, etc.). | | | | | | |
| 7. Management Practices:  Do you have a system for monitoring compliance with alcohol serving practices for all  individuals who have responsibility for serving alcohol?   Yes  No  If yes, please describe the system.  Do you have a system to ensure alcohol awareness training requirements are current for  all individuals who have responsibility for serving alcohol?  Yes  No  Do you take disciplinary action up to and including termination for any individuals who  violate your alcohol serving policies?  Yes  No  If yes, please describe. | | | | | | |
| 8. Explain process for checking ID’s (e.g. everyone is checked, only those appearing to be 30 or younger, etc.). | | | | | | |
| 9. Has applicant’s liquor license ever been revoked or suspended?  Yes  No  If yes, please explain: | | | | | | |
| 10. Has the applicant incurred claims for liquor liability during the last five years?  Yes  No  If yes, please explain: | | | | | | |
| 11. Has any insurer cancelled or non-renewed coverage during the last five years?  Yes  No  If yes, please explain: | | | | | | |
| 12. Has the applicant ever been fined by an alcoholic beverage control or other governmental entity?  Yes  No  If yes, please explain: | | | | | | |
| 13. Is bring your own bottle (BYOB) allowed?  Yes  No | | | | | | |
| 14. Is the alcohol service:  Contained within one fixed site  Booths/stands throughout the event site | | | | | | |
| 15. Is there a limit placed on the quantity of alcoholic beverages purchased at one time?  Yes  No  If yes, please describe: | | | | | | |
| 16. Do you maintain security personnel at the site of alcohol service?  Yes  No | | | | | | |
| 17. Do you exercise the right of search and seizure?  Yes  No | | | | | | |
| 18. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises?  Yes  No | | | | | | |
| 19. Is there any type of designated driver program in place?  Yes  No | | | | | | |
| 20. Are rules/regulations clearly displayed?  Yes  No | | | | | | |
| 21. Is food service available to patrons consuming alcohol?  Yes  No | | | | | | |
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| **MEDICAL UNDERWRITING INFORMATION**  ***(Please complete this section if the insured desires to include Athletic Trainers coverage.)*** | | | | | | |
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| 1. Are the team trainers employees or independent contractors? | | | | |  | |
| 2. How many team trainers are there? | | | | | | |
| 3. Are all the team trainers certified by the National Athletic Trainers Association?  Yes  No  If no, please explain other certification: | | | | | | |
| 4. Do those trainers certified by the National Athletic Trainers Association purchase  professional liability coverage provided through NATA?   Yes  No | | | | | | |
| 5. For game day, is an ambulance/medical service available at the facility for treatment of  injured players?  Yes  No  If yes, is the ambulance/medical service staff ALS certified?  Yes  No | | | | | | |
| 6. Do you have AED’s on site?  Yes  No | | | | | | |
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| **OTHER ACTIVITIES** | | | | | | |
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| 1. Do you operate youth camps and/or clinics?  Yes  No  If yes, please answer the following questions:  Average Number of Campers Per Day       Number of days per week       Number of weeks per year  Do you have overnight camps?  Yes  No  If yes, please answer the following questions:  Average Number of Campers Per Day       Number of days per week       Number of weeks per year | | | | | | |
| 2. Will the team conduct any other special events, either during or after games such as concerts?  Yes  No  If yes, please explain type and number:  Does the team collect certificates of insurance from the performers?  Yes  No  Is the team listed as Additional Insured on the certificate?  Yes  No | | | | | | |
| 3. Do you have a home stay program?  Yes  No  If yes, please outline the protocols utilized for selecting and screening both participating players and host families.    Also, please provide any written materials, such as contracts or disclaimers, related to the program, if any. | | | | | | |
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| **PARTICIPANT LIABILITY** | | | | | | |
| 1. Are any of your players independent contractors **or** not covered by Workers’ Compensation?  Yes  No | | | | | | |
| 2. Do you require a waiver and release to be signed by all participants not protected by  Workers’ Compensation? (e.g. free agent tryout, cheerleader, mascot)  Yes  No  If yes, attach a copy. | | | | | | |
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| **PROFESSIONAL LIABILITY** | | | | | | |
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| 1. Do you have any employed broadcasters?  Yes  No  If yes, describe the exposure: | | | | | | |
| 2. Describe any publishing exposures: | |  | | | | |
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| **RESTAURANT/FOOD SERVICE OPERATIONS** | | | | | | |
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| 1. Are cooking installations in compliance with NFPA 96?  Yes  No | | | | | | |
| 2. Are all cooking surfaces protected by automatic fire extinguishing systems?  Yes  No | | | | | | |
| 3. Are automatic fire extinguishing systems serviced by outside contractor?  Yes  No  If yes, frequency of service:       Date last serviced: | | | | | | |
| 4. Are hoods/duct work cleaned by outside service contractor?  Yes  No  If yes, frequency of service:       Date last serviced: | | | | | | |
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| **SECURITY**  Are you responsible for security operations?  Yes  No  If yes, how are the security operations managed?  We manage them ourselves. \*  We subcontract the operations to a separate company. \*\*  If no, describe who is responsible for security:  \* If you manage security operations, complete this section in full.  \*\* If you subcontract the operations to a separate company, provide the contract and certificate naming you as Additional Insured. You do not need to complete the remainder of the section if you are not responsible for security operations or if you subcontract security operations to another company. | | | | | | |
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| ***SECURITY OPERATIONS*** | | | | | | |
| 1. Is the venue monitored by security on a 24-hour basis?  Yes  No  If no, please explain: | | | | | | |
| 2. Please describe security presence at the entrance and egress of the venue: | | | | | | |
| 3. Are patrons screened at venue entry?  Yes  No  If yes, how?  Bag Checks  Wanding  Metal Detector  ID’s  Other:  Is patron screening done for all events?  Yes  No  If no, please explain: | | | | | | |
| 4. What are the staffing guidelines per number of patrons? | | | | | | |
| 5. Are the staffing guidelines determined by:  Ordinance/Statute  Industry Standard | | | | | | |
| 6. Are security cameras on site?  Yes  No  If yes, what areas are covered (outer perimeter, concourse, field of play, back stretch, interior,  parking, etc.)?  If yes, what is the data retention time period? | | | | | | |
| 7. Are dogs used in your security operation?  Yes  No  If yes, are the dogs and handlers certified?  Yes  No  If no, please explain: | | | | | | |
| 8. Do you work with local law enforcement regarding security operations?  Yes  No  If yes, to what extent?  Tour Training  Table Top Training  Full Scale Training  None of these:  How often?  Monthly  Quarterly  Bi-annually  Annually  Other: | | | | | | |
| 9. Are vendors screened before loading or unloading into the building?  Yes  No | | | | | | |
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| ***SECURITY PERSONNEL*** | | | | | | |
| 1. Are security personnel employees of your company?  Yes  No  If no, what is the relationship?  Independent Contractors  Off-duty police officers  Other, describe: | | | | | | |
| 2. Answer the following for all people who will provide security services:  How do you screen candidates (check all that apply)?  Criminal Background Check  Reference Check  Interview  Other:  Do you require initial training be completed prior to employment?  Yes  No  Do you provide a personal copy of your training/safety manual?  Yes  No  Do you require an annual refresher or continuing education training?  Yes  No | | | | | | |
| 3. Do any security guards/officers carry firearms as part of their equipment while on duty?  Yes  No  If yes, answer the following:  Do you issue the firearms or allow people to use their own (check all that apply)?  We issue them.  People can use their own.  If people can use their own, do you inspect/approve the firearm?  N/A  Yes  No  Do you verify the appropriate firearms licenses are maintained by the individual?  Yes  No | | | | | | |

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

* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Most current audited financials.
* Copy of game and practice facility lease agreements, if facility not owned by team/league
* Schedule of any ancillary activities to be covered. Provide copy of brochures describing ancillary events.
* Copies of subcontractor agreements or agreements between the insured and any additional insured.
* Copies of certificates of insurance from all subcontractors (i.e.; team physician, medical clinic, concessionaires, pyrotechnician) naming you as additional insured.
* Copy of your written set of procedures for screening employees and volunteers.
* Copy of adult and minor waiver and release and/or assumption of risk statements for inflatable attraction, climbing wall, hot tubs.

**SECURITY**

* Please provide a copy of the Training/Safety Manual.
* If Security is contracted, please provide a complete copy of contract, a copy of the contracted security liability policy if insured is listed as additional insured by contract, and a copy of the security firm’s employment procedures.
* Copy of the Emergency Response Plan
* Please attach a copy of your written security/eviction procedure.

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**](mailto:apply@americanspecialty.com)