

# AMATEUR SPORTS EVENT(S)

# 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.**

**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:       |

**EVENT INFORMATION**

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| 1. Name of Event: |       | Type of Event: |       |
| 2. Venue Address |       |       |       |       |
|  | Street | City | State | Zip |
| 3. Dates of Event: |       | Set-up/tear down dates: |       |
| 4. Is this an annual event? [ ]  Yes [ ]  No |
| 5. Event Manager: |       | Experience: |       |
|  Event Risk Manager: |       |
| 6. Are overnight accommodations or camping facilities provided for the event attendees  or contracted for by the event organizer? [ ]  Yes [ ]  No |
|  If yes, please provide a copy of the contract. |
| 7. No. of participants over 18 years: |       | No. of participants 18 years and under: |       |
|  No. of coaches/managers:  |       | No. of officials/umpires: |       |
|  No. of volunteers:  |       | No. of employees: |       |
|  Average daily spectator attendance: |       |  |
| 8. Will the event have vendors or exhibitors? [ ]  Yes [ ]  No  |
|  If yes, do you require that each vendor/exhibitor carries insurance and lists you as  an additional insured? [ ]  Yes [ ]  No  |
|  If no, do you require a vendor hold harmless/indemnification agreement (in your favor)  be signed? [ ]  Yes [ ]  No |
|   |
| **UNDERWRITING INFORMATION** |
| 1. Responsibilities: |
|  Please specify who has responsibility for the following event day operations: |
|  |  | Insured | Facility | Subcontractor/Other (please list) |
|  | Facility Maintenance | [ ]  | [ ]  |       |
|  | Maintenance of event area | [ ]  | [ ]  |       |
|  | Concessions - Non Alcohol | [ ]  | [ ]  |       |
|  | First Aid | [ ]  | [ ]  |       |
|  | Parking | [ ]  | [ ]  |       |
|  | Security\* | [ ]  | [ ]  |       |
|  | Premises Defects | [ ]  | [ ]  |       |
|  | Transportation\* | [ ]  | [ ]  |       |
|  | Parade\* | [ ]  | [ ]  |       |
|  Please provide copies of all facility/venue agreements and/or subcontractor agreements. |
| 2. Describe security protection:  |       |
| 3. Describe procedures for patron eviction and/or arrests:       |
| 4. Describe the precautions taken to prevent spectators from entering restricted areas. If an outdoor event, please describe fencing and other means to prohibit entry by non-ticket holders:       |
| 5. Type of medical facility/ambulance provided?       |
| 6. What percentage of attendance will be festival seating; i.e., non-reserved? |       |
| 7. How long before scheduled performance time will you allow entry of spectators? |       |
| 8. Are ushers used? [ ]  Yes [ ]  No |
| 9. Describe number and types of gates and turnstiles:       |
| 10. What type of concessions are sold? |       |
| 11. Will concessionaires provide you with Certificates on Insurance evidencing products  liability with your organization as Additional Insured? [ ]  Yes [ ]  No |
| 12. Who is responsible for pre-event inspection of the event premises? |       |
| 13. Will any other underlying coverage be provided for this event? [ ]  Yes [ ]  No  |
|  If yes, please describe:       |
| 14. If your organization is a member of a trade group or sanctioning body which hold insurance and/or risk management seminars and/or meetings, indicate name of association:       |
| 15. Is this a sanctioned event? [ ]  Yes [ ]  No |
|  If yes, name sanctioning organization:       |
| 16. Will you have remote parking? [ ]  Yes [ ]  No |
| 17. What arrangements have been made for shuttle service? |       |
| 18. How is this event being advertised? |       |
| 19. Is facility in compliance with city, state, and township building, safety, and fire codes? [ ]  Yes [ ]  No  |
|  (NOTE: Non-compliance with codes will invalidate insurance) |
| 20. Please describe participant personal accident coverage provided for your association: |
|  Carrier: |       | [ ]  Primary [ ]  Excess |
|  Accident Limits: |       | Accidental Death & Dismemberment limits: $       |
|  Catastrophic Limits: |       |
| 21. Are athletic members covered by Workers Compensation? [ ]  Yes [ ]  No |
|  If yes, please explain:  |       |
| 22. Is there any form of athlete compensation or prize money awarded for participation? [ ]  Yes [ ]  No |
|  If yes, please explain: |       |
| 23. 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/volunteers):       |
|  B. When are the waivers signed?       |
|  C. How long are the waivers kept? (e.g. statutory):       |
|  D. Where are the waivers stored? (e.g. warehouse):       |
| 24. Estimated gross receipts: |       |
|  **Breakdown of Receipts:** |
|  Rentals:  |       | Media contracts:  |       |
|  Admissions:  |       | Advertising:  |       |
|  Membership dues:  |       | Parking receipts:  |       |
|  Concessions/Food:  |       | Beer and liquor receipts:  |       |
|  Novelty and other merchandise: |       | Other (please list):  |       |
|  Comments: |       |
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| **ABUSE AND MOLESTATION*****(This section must be completed.)*** |
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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. Will the event(s) involve any construction or building activities? [ ]  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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| **GRANDSTANDS AND BLEACHERS** Does your operation include any grandstand(s) or bleacher(s)? [ ]  Yes [ ]  No **If yes, please complete this section.** |
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|  | **Year Built or Age of Oldest Unit** | **Construction** | **Guardrails** | **Kickboards in Place?** | **Height** |
| Grandstand |       yrs. | [ ]  Wood [ ]  Concrete[ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |
| Fixed Bleachers |       yrs. | [ ]  Wood [ ]  Concrete[ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |
| Portable Bleachers |       yrs. | [ ]  Wood [ ]  Metal [ ]  Combo | [ ]  Side[ ]  Back | [ ]  Yes[ ]  No |       feet |

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| 1. Is any of the seating rented or borrowed? [ ]  Yes [ ]  No If yes:  Does the owner carry liability limits of at least $1,000,000? [ ]  Yes [ ]  No Are you listed as an additional insured, indemnified, and held harmless? [ ]  Yes [ ]  No |
| 2. Do you utilize any temporary stages? [ ]  Yes [ ]  No If yes, are they set up by a subcontractor? [ ]  Yes [ ]  No If yes:  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 |
| 3. Do you have a formal inspection/maintenance program for grandstands, bleachers and/or  temporary stages? [ ]  Yes [ ]  No If yes, do you use a subcontractor? [ ]  Yes [ ]  No If yes:  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 |
|  |
| **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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| **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 |

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| **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 the association's competition rule book.
* Copy of Waiver and Release and/or Assumption of Risk document that participants are required to sign.
* Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
* Copy of contract if overnight accommodations or camping facilities provided for the event attendees or contracted for by the event organizer
* A list of all locations to be insured, including addresses and descriptions of each location.
* A schedule of events and all activities and ancillary events or a brochure for each event.
* Copies of all facility/venue agreements.
* A list of all insureds to be included along with a description of each.
* Copies of subcontractor (bleachers, concessionaires, security, pyrotechnicians) agreements or agreements between the insured and any additional insured.
* Copies of certificates of insurance from each subcontractor naming the insured as an additional insured.
* Copy of the written set of procedures for screening employees and volunteers if applicable.

**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

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