

**PROFESSIONAL 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: | | | | | | | | | |
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| **UNDERWRITING INFORMATION** | | | | | | | | | |
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| 1. Name of Event: | | | | | | | | | |
| 2. Venue Address: | |  | | | |  | |  |  |
|  | | Street | | | | City | | State | Zip |
| 3. Owner of facility: | | | | | | | | | |
| 4. Date of event: |  | | Description of Event: | |  | | | | |
| 5. Time(s): from       AM  PM to        AM  PM | | | | | | | | | |
| 6. Location of event: | |  | | | | | | | |
| 7. # of tickets printed:       # of tickets sold to date:       Est. gross receipts: $ | | | | | | | | | |
| 8. Type of medical facility/ambulance provided? | | | | | | | | | |
| 9. Is a stage used?  Yes  No If yes, please describe stage:  Type Height Width  Permanent  Temporary  If permanent, what systems or physical characteristics keep spectators off stage?  If temporary, who is responsible for set up of stage?  applicant  other | | | | | | | | | |
| 10. What percentage of attendance will be festival seating; i.e., non-reserved? | | | | | | |  | | |
| 11. How long before scheduled performance time will you allow entry of spectators? | | | | | | | | | |
| 12. Are ushers used?  Yes  No | | | | | | | | | |
| 13. Describe number and types of gates and turnstiles: | | | |  | | | | | |
| 14. What concessions will be sold? | | | | | | | | | |
| 15. Will concessionaires provide you with Certificates of Insurance evidencing products liability  with your organization as Additional Insured?  Yes  No | | | | | | | | | |
| 16. Will any other underlying coverage be provided?  Yes  No  If yes, please describe: | | | | | | | | | |
| 17. No. of vendors/trade booths: | | | | Kinds of goods sold or displayed: | | | | | |
| 18. Are all goods finished products, or are there any on site demonstration of skills; i.e., blacksmith, candlemaking, cooking, etc. being done at the event? | | | | | | | | | |
| 19. How is this event being advertised? | | | | | | | | | |
| 20. Past experience promoting or producing this type of event: | | | | | | | | | |
| 21. Check additional quotes needed:  Rain Insurance  No-Show Insurance   Annual Directors and Officers Professional  Property Damage of Location   Other: | | | | | | | | | |
| 22. Is facility in compliance with city, state, and township building, safety, and fire codes?  Yes  No  (NOTE: Non-compliance with codes will invalidate insurance) | | | | | | | | | |
| 23. Attach a diagram of location. If event is held outdoors, describe fencing used to prohibit entry by non-ticket  holders, adjacent buildings, and landscape features: | | | | | | | | | |
| 24. 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: | | | | | | | | | |
| 25. Is this a sanctioned event?  Yes  No  If yes, name sanctioning organization: | | | | | | | | | |
| 26. Will you have remote parking?  Yes  No | | | | | | | | | |
| 27. What arrangements have been made for shuttle service? | | | | | | | | | |
|  | | | | | | | | | |
| **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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| **CLIMBING WALL COVERAGE**  ***(Please complete this section if you need a quote for Climbing Wall Coverage. If you do not need a quote for Climbing Wall(s), please skip this section and continue to the next section.)*** |
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| 1. What systems are in place for climbing walls:  Auto belay  Manual belay  Bouldering  If manual belay, describe the belay equipment, operations, and training for participants.  If bouldering, describe the requirements for spotters and describe the crash pad system: |
| 2. Total number of climbing walls: |
| 3. What is the climbable height of the walls? |
| 4. Where will the climbing walls be set up?  Indoor  Outdoor  If outdoor, do you have a written weather procedure that includes restricting operations  during rain, wind, and lightning?  Yes  No |
| 5. Are the walls portable?  Yes  No  If yes, will they be used at multiple locations?  Yes  No  If yes and they are located outdoors, answer the following questions:  N/A  Do you monitor wind conditions and retract the walls to a down position during periods of high  wind in accordance with manufacturer specifications?  Yes  No  Do you confirm the portable climbing walls are set up on level ground where the soil is not saturated  around the base/outriggers of the walls?  Yes  No |
| 6. Are the climbing walls set up/installed per manufacturer specifications?  Yes  No |
| 7. Is a written log/checklist kept of daily inspections?  Yes  No  If yes, does the inspection include all climbing harnesses, carabiner/attachment systems,  and belay systems?  Yes  No  Is a more thorough inspection completed at manufacturer-required intervals to inspect every  hand hold, the torque/security of fasteners, and the fastener that secures the belay system  (eye-bolt)?  Yes  No |
| 8. What kind of barrier/fencing secures the climbing walls and restricted areas behind the climbing walls? |
| 9. Supervision  Are attendants present in the climbing wall areas at all times when the climbing walls are being utilized  or climbers are harnessed?  Yes  No  Are all attendants 18 years of age or older?  Yes  No  What is the ratio of climber to attendants directly monitoring climbers?  Do attendants receive formal training on operating the climbing walls and harnessing that is in  keeping with manufacturer requirements?  Yes  No  If yes, do you also conduct in-service trainings and/or periodically check proficiency?  Yes  No |
| 10. Does a trained attendant clip and unclip all participants to the belay system?  Yes  No  If no, describe your process for teaching participants to self-clip and/or teaching companions  to assist in clipping? |
| 11. How are weight/age limitations enforced? |
| 12. Do the climbing walls have permanently mounted safety signage and warning labels?  Yes  No |
| 13. Do climbers have to sign a waiver and release of liability prior to climbing?  Yes  No |
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| **CONCUSSION PROTOCOL** |
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| 1. Does the insured follow a written concussion protocol?  Yes  No  If no, please explain: |
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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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**CONTRACTUAL UNDERWRITING INFORMATION**

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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** |
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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, BLEACHERS AND TEMPORARY STAGES**  Does your operation include any grandstand(s), bleacher(s) or temporary stages?  Yes  No  ***If yes, please complete the following section.*** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **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 |
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**INFLATABLE COVERAGE**

***(Please complete this section if you need a quote for Inflatable Coverage. If you do not need a quote for Inflatable, please skip this section and continue to the next section.)***

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| 1. Provide detailed descriptions of the inflatable to be used (list name, description and, if possible, provide  brochures, pictures or internet address): |
| 2. Who sets up the inflatable(s)?  Rental Agency  Insured Organization (you) |
| 3. Where will the inflatable(s) be set up? |
| 4. Is the inflatable(s) set up on flat ground?  Yes  No |
| 5. Who inspects the inflatable to make sure that it is set-up correctly?  Rental Agency  Insured Organization |
| 6. Hours of operation: |
| 7. How many attendants at each ride? |
| 8. Are all attendants over the age of 18?  Yes  No  If no, please describe: |
| 9. Describe attendant’s responsibilities: |
| 10. Who is the manufacturer(s) of the inflatable(s)? Get from rental company if necessary: |
| 11. How often is the inflatable(s) checked and inspected? Get from rental company: |
| 12. Does the rental company keep a maintenance or inspection log?  Yes  No |
| 13. How are weight/age limitation enforced? |
| 14. Are riders of similar size and ability grouped together on inflatable bounces?  Yes  No |
| 15. With regard to inflatable rides that allow riders to participate one at a time, what is the guideline for letting the next  participant go (e.g. large inflatable slides – one at a time participation): |
| 16. Will the inflatable have permanently attached warning labels and safety instructions?  Yes  No |
| 17. Does inflatable provider carry $1m in GL insurance with an “A” rated carrier?  Yes  No |
| 18. Will the provider list your organization as an additional insured?  Yes  No |
| 19. Will your employees/volunteers receive formal training on the safe operation of the ride?  Yes  No |
| 20. Is the ride picked up by the rental agency immediately after the rental event ends?  Yes  No |
| 21. Will a liability release waiver or rental contract be signed?  Yes  No  **If yes, please provide a copy.** |
| 22. First aid available at the event?  Yes  No |
| 23. Injury/lost property disclaimer sign used at the inflatable site.  Yes  No  **If yes, please provide verbiage or photo of sign:** |
| 24. Will the power be provided by a generator on site?  Yes  No |
| 25. Has your organization had any incidents/claims relating to the use of inflatable?  Yes  No  If yes, please explain: |
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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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| **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 all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* List of all locations to be insured, including addresses and descriptions of each.
* List of all insureds to be included along with a description of each.
* Schedule of all event activities to be covered. Provide copy of brochures describing all events.
* Copies of subcontractor agreements or agreements between the insured and any additional insured.
* Copies of certificates of insurance from all subcontractors (i.e.; concessionaires, vendors, trade booths, security, pyrotechnician) naming you as additional insured.
* Attach a diagram of location. If event is held outdoors, describe fencing used to prohibit entry by non-ticket holders, adjacent buildings, and landscape features.
* Copy of the Emergency Response Plan
* 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 attractions and climbing walls.

**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)