

# CYCLING TEAM 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. Describe the operations of the first named insured:  **If other named insureds are included, attach list and describe the operations of each.** | | | | | | | | | | | | | | | |
| 2. Number of years the team has been racing? | | | | | | | |  | | | | | | | |
| 3. Number of Employees? | | | | | Full-time: | | | | | | | Part-time: | | | |
| 4. Please list the total number of riders for your team: | | | | | | | | | | |  | | | | |
| Are any riders under the age of 18?  Yes  No | | | | | | | | | | | | | | | |
| If yes, how many? | | |  | | | | | | | | | | | | |
| Please attach a list of the riders. | | | | | | | | | | | | | | | |
| 5. Please list the number of days the riders will be racing on behalf of the insured: | | | | | | | | | | | | | | | |
|  | NORBA |  | | | | | USPro | | |  | | | Other |  | |
| Attach a copy of the race schedule(s) with the number of riders per event. | | | | | | | | | | | | | | | |
| 6. Description of any races the team may compete in that are not sanctioned through US Cycling. | | | | | | | | | | | | | | | |
| Is there any coverage available to the team through these sanctioning bodies or any other  source?  Yes  No | | | | | | | | | | | | | | | |
| If yes, what limits? | | |  | | | | | | | | | | | | |
| 7. Please list the number of practice days: | | | | | |  | | | | | | | | | |
| Are all practices sanctioned through US Cycling?  Yes  No | | | | | | | | | | | | | | | |
| 8. Does the team travel outside of US?  Yes  No | | | | | | | | | | | | | | | |
| Do they travel as a team? | | | |  | | | | | How often do they travel outside of US? | | | | | |  |
| 9. Describe any non-race exposures (camps, clinics, try-outs, fundraisers, appearances, multi-sport activities,  etc). | | | | | | | | | | | | | | | |
| 10. Describe any loss control procedures or safety programs in place: | | | | | | | | | | | | | | | |
| 11. Insured’s annual gross revenue: $ | | | | | | | | | | | | | | | |
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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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| **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: |

**CONTRACTUAL**

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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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| **LIQUOR LIABILITY** |
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| 1. Do your operations include the sale or distribution of alcoholic beverages?  Yes  No  **If yes, please complete the Liquor Liability Supplemental Questionnaire.** |
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**PARTICIPANT LIABILITY**

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| 1. Is Statutory Workers' Compensation Insurance carried?  Yes  No  Are riders included under this policy?  Yes  No |
| 2. Provide a copy of any applicable Rider Contract or Collective Bargaining Agreement. |
| 3. Do you require a waiver and release to be signed by all participants not protected by Workers’ Compensation? (e.g. riders, crew members, volunteers, etc)  Yes  No  **If yes, attach a copy.** |

**PROFESSIONAL LIABILITY**

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| 1. Do you employ or contract the services of any medical professionals including athletic trainers?  Yes  No.  Do they carry medical professional insurance and name the team as an additional insured?  Yes  No |
| 2. Describe any publishing exposures: |

**PROPERTY INFORMATION**

***(Please complete an ACORD Property and Inland Marine application.)***

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| 1. Describe any property, goods, and equipment with values greater than $5,000 and either owned by you or owned by others in your care and used for business purposes. | |
| 2. Types of property to be covered (bikes, tools, equipment, office contents, building, etc)?  **Please provide a list of all covered property.** | |
| 3. Total limits for property to be covered? Building |  |
| Office Contents |  |
| Mobile Property |  |
| **(Please attach a schedule of mobile property to be insured)** | |
| 4. Deductible amount?  $1,000  $2,500  $5,000  Other  What security procedures are in place to protect property when traveling and at office? | |
| 5. Are the riders allowed to take covered property home, away from the insured premises?  Yes  No | |
| 6. What is the construction of the building to be covered, if applicable?  What is the age of the building?  Distance to nearest fire station  Describe fire protection.  Are there burglar alarms?  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
* Copy of all expiring policies or specific manuscript endorsements that the insured would like to submit for consideration.
* Copy of rider contract
* Copy of recently audited financial statement
* Description of any races that are outside of the United States and description of how team travels to these types of events.
* List of all locations to be insured, including addresses and descriptions of each.
* List any additional premises leased, rented, or occupied by applicant and provide contract for each
* List of all insureds to be included along with a description of each.
* Copy of race schedule(s) with the number of riders per event; list all other activities to be covered. Provide copy of brochures describing events.
* Provide a copy of any sponsorship contract(s) or contract(s) with any service provider; i.e., bike shops, team apparel, travel agency)
* 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) naming the insured as an additional insured.
* Copy of adult and minor waiver and release and/or assumption of risk statements which will be signed by all participants; i.e., riders, crew members, volunteers.
* Provide a list of property that you wish to insure. Include serial numbers, statement of values.

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)