

HIGH SCHOOL ATHLETIC ASSOCIATIONS

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. Is your association protected by governmental immunity laws in the state? [ ]  Yes [ ]  No If yes, what is the level of immunity? $      |
| 2. Does your association oversee activities as well as athletics?  [ ]  Yes [ ]  No If yes, please explain:       |
| 3. Number of employees:  | Full time:  |       | Part time:  |       |
| 4. Which of the following most accurately describes your role in providing Catastrophic Injury Insurance for athletes? [ ]  a) Purchase policy of at least $1,000,000 for full schedule [ ]  b) Purchase policy of at least $1,000,000 for State Tournaments only [ ]  c) Purchase policy with limits of less than $1,000,000 for full schedule or State Tournaments only [ ]  d) Require all schools to buy policy with limits of at least $1,000,000 for full schedule [ ]  e) 50% or more of member schools purchase policies with limits of at least $1,000,000 [ ]  f) Less than 50% of member schools purchase policies with limits of at least $1,000,000 For e) and f), how do you verify participation?      **Please provide a copy of your current Catastrophic Injury Insurance program for athletes.** |
| 5. Do you (or does every school) provide basic accident medical coverages for athletes up to at  least $25,000 for full schedule?  [ ]  Yes [ ]  No For tournament events only?  [ ]  Yes [ ]  No |
| 6. Do all schools require proof of medical insurance from parents prior to participation in athletics? [ ]  Yes [ ]  No |
| 7. How many athletes are there in the state counting each athlete only once?       Are the participant waivers obtained by the insured or are they obtained at the high school level? [ ]  Insured [ ]  High School |
| 8. Do you use subcontractors to help run tournament events?  [ ]  Yes [ ]  No If yes, do you collect certificates indicating that they have their own insurance?  [ ]  Yes [ ]  No If you do not collect certificates, are you willing to implement such a procedure  if coverage is bound? [ ]  Yes [ ]  No |
| 9. Do you assign the officials for state tournament games?  [ ]  Yes [ ]  No If yes, describe the selection process:       |
| 10. What does an official need to do to be eligible to officiate high school games in the state?       |
| 11. What are the requirements for coaches to be eligible to coach in the state (any special training or classes)?        |
| 12. Do you conduct State Tournament events in the following sports? Football [ ]  Yes [ ]  No Softball [ ]  Yes [ ]  No  Baseball [ ]  Yes [ ]  No Ice Hockey [ ]  Yes [ ]  No Gymnastics [ ]  Yes [ ]  No Wrestling [ ]  Yes [ ]  No |
| 13. Do you (and/or your attorney) review lease agreements to verify that each party is responsible for its own negligence (rather than you holding the facility harmless for any and all losses)?  [ ]  Yes [ ]  No Do you negotiate with the venue to change wording where the venue has not accepted responsibility for its own negligence?  [ ]  Yes [ ]  No If lease agreements are not reviewed for this language, are you interested in implementing a procedure to do so?  [ ]  Yes [ ]  No |
| 14. How do you confirm the following for state tournament events? Parking lot well-lit for night events:       Proper signage warning spectators of potential danger:       Proper security available for crowd control:       Proper access to playing area:       |
| 15. Does your association have Sections or Divisions with their own separate office facilities? [ ]  Yes [ ]  No |
| 16. Does the organization promulgate rules or adopt rules as published by the National Federation of State High School Association?  [ ]  Yes [ ]  No |
| 17. Does the organization govern grades 7-8 as well as 9-12?  [ ]  Yes [ ]  No  |
| 18. 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:**

* 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.
* If the application for coverage includes any ancillary activities, events or multiple events, provide a copy of all brochures describing the event(s).
* Copies of agreements between the insured and any additional insured, including a list of all additional insured.
* Explain your association’s contract/agreement review process.
* Copy of your association’s current Catastrophic Injury program.
* Copy of current association handbook.
* Copy of all rule books and association manuals.
* Copy of the association’s formal officials and/or coaches instruction program.
* Copy of the association’s formal athlete injury control program.
* Copy of the association’s written procedures for screening employees and volunteers if applicable.
* Copy of the association’s written procedures for dealing with allegations of sexual abuse if applicable.
* Copy of waiver and release and/or assumption of risk statements.
* Copies of any lease agreements.

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**