

**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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| 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**