

# AMATEUR SPORTS FACILITY INSURANCE QUESTIONNAIRE

**SUBMISSION REQUIREMENTS**

* + Completed and signed ACORD Applicant Information Section 125, ACORD CGL Section 126, and ACORD applications for other requested coverages (e.g., Auto, Crime, Excess Liability, Inland Marine, Property)
  + Five years currently-valued insurance company loss runs with description of any claim or reserve in excess of $10,000
  + Facility rental agreement (e.g., required of third parties renting your facility)
  + Adult and/or minor waiver and release of liability form
  + Sexual Abuse/Molestation Policy, including written procedures for dealing with allegations of sexual abuse

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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. Annual Revenue Total: $  Facility-organized leagues, Tenants: $  tournaments, lessons, open play, etc.: $      Child Care: $  Third Party Rentals: $      Retail: $  Liquor: $      Fitness: $  Restaurant / Concessions: $      Other: $      Describe: | | | | | | |
| 2. Please mark the boxes for those activities that apply: | | | | | | |
| Baseball | | | | | Obstacle Course  Indoor  Outdoor  Describe any obstacles you build yourself: | |
| Basketball | | | | | Pro Shop - Do you manufacture any  products?  Yes  No  If yes, describe: | |
| Batting Cages | | | | | Climbing Wall – *Supplemental app required* | |
| Boxing:  Contact  Non-contact | | | | | Roller Hockey | |
| Camp Programs:  Day  Night | | | | | Roller Skating | |
| Cryotherapy:  Contractor  Club operated | | | | | Running Track:  Indoor  Outdoor | |
| Dodgeball\* | | | | | Snack / Juice Bar / Restaurant  Contractor  Club operated | |
| Field Hockey | | | | | Soccer | |
| Flag Football | | | | | Softball | |
| Floor Hockey | | | | | Tennis | |
| Golf | | | | | Trampoline (Describe): | |
| Gymnastics:  Contractor  Club operated | | | | | Volleyball | |
| Lacrosse | | | | | Wrestling | |
| Martial Arts (Contact):  Contractor  Club operated | | | | | Ultimate Frisbee | |
| Martial Arts (No Contact):  Contractor  Club operated | | | | | Other: | |
| **\*** Do dodgeball rules prohibit players from hitting above the shoulders?  Yes  No | | | | | | |
| 3. Do you have ice sports or activities?  Yes  No | | | | | | |
| 4. Describe the owner’s industry experience: | | | | | | |
| 5. Do you own or lease your facility?  Own  Lease | | | | | | |
| 6. Any space leased to others?  Yes  No  If yes, provide the following:  Name of business:  Description of operations:  Square footage leased to them:  Does the lessee have liability insurance?   Yes  No | | | | | | |
| 7. Do you rent to others for activities other than sports league play (e.g., birthday parties,  banquets, etc.)?  Yes  No | | | | | | |
| 8. Does your facility host its own leagues?  Yes  No | | | | | | |
| 9. Does your facility host leagues that have separate sanctioning through another organization?  Yes  No  Does the league provide a certificate of insurance naming you as additional insured?  Yes  No | | | | | | |
| 10. Does your facility host events off-site?  Yes  No  If yes, describe: | | | | | | |
| 11. Are there any amusement rides, inflatables, climbing walls, zip lines, children’s  play structures, etc. on premises or brought on premises temporarily?  Yes  No  If yes, describe: | | | | | | |
| 12. Do you have staff certified in CPR? ­­­­­­­­­­­­­­­­­­­­­­­­ Yes  No  Do you have staff certified in First Aid?  Yes  No | | | | | | |
| 13. Please describe medical and first aid facilities provided for competitors: | | | | | |  |
| 14. Does your facility subcontract out any of the following operations?  Janitorial  Concessions  Security  Facility Maintenance  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 | | | | | | |
| 15. Are there any special events planned at your facility during the coverage term (e.g. festivals,  large tournaments, etc.)?  Yes  No  If yes, describe:  Estimated spectators for these events: | | | | | | |
| 16. Does your facility employ any licensed/certified personal trainers, physical therapists, or other  professional staff (dieticians, nutritionists, chiropractors, massage therapists, etc.) in order to  provide these services to your patrons?  Yes  No  If yes, describe: | | | | | | |
| 17. Are rules posted conspicuously and enforced at all times?  Yes  No | | | | | | |
| 18. Are participants required to wear safety equipment during play?  Yes  No | | | | | | |
| 19. Is a Waiver and Release of Liability signed by every member/participant/guest?  Yes  No  Is a Waiver and Release of Liability signed by the parent or guardian for any minors?  Yes  No  When are waivers collected?  Annually   Upon initial visit to facility   Other (Describe): | | | | | | |
| 20. Is a log kept of all incidents?  Yes  No | | | | | | |
| 21. Are the referees and coaches employees of the insured?  Yes  No | | | | | | |
| 22. Is security lighting provided in your parking lot?  Yes  No | | | | | | |
| 23. Are facility inspections, including restrooms, done regularly to detect potential hazards?  Yes  No  Is a log kept of inspections and maintenance?  Yes  No | | | | | | |
| 24. Does the facility rent or repair sports equipment?  Yes  No | | | | | | |
| 25. Are any portions of the facility, other than parking lots and lawn, accessible by the public after  hours?  Yes  No  If yes, explain: | | | | | | |
| 26. Are there any air supported structures on your premises (e.g., domes, bubbles, etc.)?  Yes  No | | | | | | |
| 27. Is signage used throughout facility to indicate proper use of equipment, club features, and  off-limits areas?  Yes  No | | | | | | |
| 28. Does your facility ever use a scissor lift?  Yes  No  If yes, who operates the scissor lift (i.e. employee, volunteer, independent contractor, etc.)?  Who is responsible for the maintenance of the scissor lift?  If the insured is responsible, describe the maintenance schedule:  Is a maintenance log for the scissor lift maintained?  Yes  No | | | | | | |
| 29. Are there procedures in place to suspend outside play during inclement weather?  Yes  No Describe: | | | | | | |
| 30. Are there showers on the premises?  Yes  No  If yes, do they have a non-skid surface?  Yes  No  Is there a daily maintenance log?  Yes  No  Are there GFI protectors on all outlets in the shower / wet areas?  Yes  No | | | | | | |
| 31. Is the insured a member of any sanctioning bodies?  Yes  No If yes, list the sanctioning bodies: | | | | | | |
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**ABUSE AND MOLESTATION**

Does the insured have custodial responsibility for minors?  Yes  No

If yes, is abuse coverage desired?  Yes  No

***If coverage is desired, please complete the following 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 transmitted 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.  Describe specific policy regarding any overnight travel. |
| 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 or 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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| 1. Complete the following chart:  Seeking Quote Insured Elsewhere No Exposure  A. Owned or Long-Term Leased Vehicles  B. Hired and/or Nonowned Vehicles  C. Garagekeepers Liability (e.g. Valet Parking)  If seeking coverage for A. or C., provide the completed and signed Acord Auto (including Auto Schedule) and/or Garagekeepers applications.  Note: If you purchase coverage for owned vehicles through another company, we cannot offer nonowned or hired auto coverage. Please add it to your existing Commercial Auto policy. |
| 2. Do you use hired, borrowed, or short-term leased vehicles for business and are seeking  a quote?  Yes  No  If yes, answer the following:  Provide the approximate cost of hire for all hired/leased (short-term) vehicles during the policy period: $  Do you purchase coverage through the rental agency when you rent vehicles?  Yes  No  Is hired auto physical damage to be covered?  Yes  No |
| 3. Do employees or volunteers use personal vehicles for company business?  Yes  No  If yes, answer the following:  How many employees/volunteers use their personal vehicles for company business?  How often:  Daily  Weekly  Monthly  Other:  Describe the activities for which an employee/volunteer would use a personal vehicle for company business.  Do you verify that personal auto insurance is in place before employees can use their autos  for company business?  Yes  No |
| 4. Driver Screening and Training  Do you have a driver safety/training program?  Yes  No  Do you require proof of valid drivers’ license for anyone who drives on company business?  Yes  No  What is the minimum age for driving on company business?       years  Do you review Motor Vehicle Reports for those who drive on company business?  Yes  No  If yes, how often?  Annually  Every Other Year  Other:  If yes, what criteria renders an individual ineligible to drive on company business? |
| 5. Do you provide the following services?  Valet Service  VIP parking/storage  Neither  If you provide either or both services, answer the following:  Are the vehicles driven onto public roads or do they remain on premises only?  On premises only  Driven on public roads  Do you have a key control system?  Yes  No  Does security monitor the areas where vehicles are parked?  Yes  No |
| 6. Do you provide shuttle services for patrons?  Yes  No  If yes, answer the following:  Are shuttle drivers required to carry a CDL?  Yes  No  If off-premises, distance traveled: |
| 7. Do you utilize courtesy vehicles?  Yes  No  If yes, provide a copy of the contract with the vehicle owner(s). |
| 8. Do you hire bus transportation?  Yes  No  If yes, answer the following:  Do you obtain additional insured status from the bus company?  Yes  No  If yes, what limit of insurance do you require? $  Provide a copy of the contract with the bus company. |
| 9. Do you provide transportation to players/athletes/members?  Yes  No  N/A  If yes, do you use a hired transportation company that supplies the driver?  Yes  No  If no, how do you provide transportation? |
| 10. Answer the following only if seeking a quote for owned or long-term leased vehicles:  Are there protections in place at the area where the vehicles are stored?  Yes  No  If yes, describe:  Is there a concentration of values exposed to a common loss at any time?  Yes  No  If yes, describe: |
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| **CHILDCARE**  Do you provide childcare services?  Yes  No  I***f yes, please complete the following section.*** |
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| 1. Is your childcare service required to be state licensed?  Yes  No |
| 2. Age of children in childcare? Minimum:       Maximum: |
| 3. Ratio of adult staff/attendance to children at any given time: |
| 4. What system do you use for checking children in and out of childcare? |
| 5. Are any of the childcare attendants CPR and/or first aid trained?  Yes  No |
| 6. Are parents allowed to leave the facility while children are in your care?  Yes  No |
| 7. Is a waiver signed by a parent or guardian?  Yes  No |
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| **CONCUSSION PROTOCOL** |
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| 1. Do you have concussion protocols?  Yes  No  If yes, what concussion protocol is used and implemented? (ie. CDC Heads Up, etc.): |
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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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| **CRYOTHERAPY CHAMBER**  Do you have a cryotherapy chamber?  Yes  No  I***f yes, please complete the following section.*** |
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| 1. Name of chamber manufacturer: |
| 2. An explanation or copy of the staff training program: |
| 3. How is the chamber operated (i.e. controlled by member/guest or staff)? |
| 4. Is the chamber used for medical rehab or for on-demand type voluntary use? |
| 5. Copy of waiver form being used for the chamber. |
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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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**INFLATABLE COVERAGE**

Do you have any inflatables?  Yes  No

If yes, is coverage desired?  Yes  No

***If coverage is desired, please complete the following section.***

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| 1. Provide detailed list of inflatable(s) to be used.  How many inflatables do you have? |
| 2. Where will inflatable(s) be set up?  Indoor  Outdoor |
| 3. Are inflatables set up and secured per manufacturer guidelines?  Yes  No  If inflatables are setup outside, how will they be secured? |
| 4. How many attendants at each inflatable? |
| 5. Are inflatables taken offsite?  Yes  No |
| 6. Is a written log kept of daily inspection?  Yes  No |
| 7. What wind speed do you shut down your inflatables? |
| 8. How is the wind speed monitored? |
| 9. Do you separate patrons into appropriate groups by weight and age?  Yes  No |
| 10. If any inflatables have slides, is an attendant always stationed at the bottom or top to tell the  next participant when to go?  Yes  No |
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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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| **RESTAURANT/SNACK OR JUICE BAR/VENDING**  Do you provide food services?  Yes  No  I***f yes, please complete the following section.*** |
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| 1. Indicate exposure:  Restaurant  Snack/Juice Bar (no cooking surfaces or fryers)  Vending |
| If restaurant, answer the following questions: |
| 2. Are all cooking surfaces properly fire protected?  Yes  No  What type of Automatic Extinguishing System (AES) is in place?  Do you have a contract for servicing and maintaining the Automatic Extinguishing System?  Yes  No  How often is this system serviced and maintained?  Monthly  Quarterly  Semi-Annually  Annually  How often are filters cleaned?  By whom?  How often are hoods/ducts cleaned?  By whom? |
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| **SAUNA/STEAM ROOM**  Do you have a sauna or steam room?  Yes  No  I***f yes, please complete the following section.*** |
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| 1. Is the sauna(s)/steam room(s) monitored for usage during open hours?  Yes  No  If so, how frequently:  Are written logs kept when checked?  Yes  No |
| 2. Are rules posted regarding the proper use and safety precautions?  Yes  No |
| 3. Do the sauna(s)/steam room(s) heating elements have a protective cover to prevent burns?  Yes  No |

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**

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