

# AMATEUR SPORTS ASSOCIATION 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** |
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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. Please provide detail on management experience:       |
| 2. Nature of operations/description of the insured:       |
| 3. Are local, state and regional organizations involved in your organization? [ ]  Yes [ ]  No |
|  If yes, please explain:       |
| 4. Is insurance to be extended to these groups on a blanket basis? [ ]  Yes [ ]  No |
| 5. Is participation in the insurance program [ ]  Mandatory [ ]  Optional |
|  If optional, please explain: |       |
| 6. What activities are sanctioned by the insured?       |
| 7. Explain the sanctioning procedures:       |
| 8. In order to take part in a sanctioned event the insured requires: |
|  [ ]  100% membership in order to compete in an event |
|  [ ]  100% membership in order to compete in an event but will allow trial memberships |
|  [ ]  Insured opens competitions to non-members |
| 9. Number of Participants in this association:  |       | Number of Minor Participants:  |       |
|  Number of sanctioned events per year:  |       | Number of coaches:  |       |
|  Number of officials/umpires:  |       | Number of Volunteers:  |       |
|  Number of clubs/teams: |       |
| 10. Please list all events conducted by the association at which anticipated attendance will exceed 20,000 people: |
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| Event | Location | Date | Est. Attendance |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

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| 11. Please describe participant personal accident coverage provided for your association: |
|  Carrier:  |       | [ ]  Primary [ ]  Excess |
|  Accident Limits: |       | Accidental Death & Dismemberment limits: $       |
|  Catastrophic Limits: |       |
| 12. Does the insured promulgate sports rules? [ ]  Yes [ ]  No |
|  If yes, please provide a copy of the rules and/or the website link where available.       |
| 13. Does the insured have any international exposure? [ ]  Yes [ ]  No |
|  If yes, please explain:       |
| 14. Are the insured’s members subject to drug testing? [ ]  Yes [ ]  No |
|  If yes, what entity conducts the drug testing:       |
| 15. Is there a formal officials and/or coaches instruction program? [ ]  Yes [ ]  No |
|  If yes, please provide copies of all written material in the program. |
| 16. Does the insured employ a risk manager? [ ]  Yes [ ]  No |
| 17. Does the association have a formal athlete injury control program [ ]  Yes [ ]  No |
|  If yes, please provide a copy of this program. |
| 18. Do you currently secure waiver and release and/or assumption of risk statements from all participants? |
|  If yes, please provide a copy of each such document. |
|  a. Who signs the waivers? (e.g. all athletes): |       |
|  b. When are the waivers signed? (e.g. at membership inception and prior to each event):       |
|  c. How long are the waivers kept? (e.g. statutory):  |       |
|  d. Where are the waivers stored? (e.g. warehouse) |       |
| 19. Please describe the preparations the association takes for potential athlete injuries during competition and practice:       |
| 20. Does the Association have a method of reviewing contracts entered into by its member team/club, if applicable? |
|  If yes, please describe:       |
| 21. Please describe how information is disseminated from the national level to the individual team/club (i.e. rule changes):       |
| 22. Does the Association have a method for ensuring the safety and adequacy of competition areas? [ ]  Yes [ ]  No of spectator areas? [ ]  Yes [ ]  No  |
|  If yes, please describe:       |
| 23. Are all competition areas in compliance with state and local codes? [ ]  Yes [ ]  No |
|  If no, please explain:  |       |
| 24. 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.**  |
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**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.
* A list of all locations to be insured, including addresses and descriptions of each.
* A list of all insureds to be included along with a description of each.
* A list and description of any ancillary activities to be covered.
* If the application for coverage is for an event or multiple events, provide a copy of all brochures describing the event(s).
* Copies of subcontractor agreements or agreements between the insured and any additional insured, including a list of all additional insured.
* Copies of certificate of insurance naming the association as an additional insured if liquor or pyrotechnics coverage has been requested.
* A copy of all rule books and association manuals.
* A copy of the association’s formal officials and/or coaches instruction program.
* A copy of the association’s formal athlete injury control program.
* A copy of the association’s written procedures for screening employees and volunteers if applicable.
* A copy of the association’s written procedures for dealing with allegations of sexual abuse if applicable.
* A copy of waiver and release and/or assumption of risk statements.

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 or Authorized Representative 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