

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** | | | | |  | | | | | 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. |  |  |  | |  | | | | | 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**](mailto:apply@americanspecialty.com)