

# ESPORTS TEAM AND LEAGUE

# 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**

***Types of activities expected to be covered include Regular Season Game Play, Tournament Play, Practice, Meet and Greets, Conventions (player presence not conducting conventions), Expos (player presence), Housing, Transportation of Players***

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| 1. Named Insured (as will appear on policy):  |       |
|  Proposed Effective Date:       |
|  If other named insureds are to be included, attach a list and describe the operations and combinability of each to the named insured. |
| 2. Is the named insured a subsidiary of another company? [ ]  Yes [ ]  No |
|  If yes, please list.       |
| 3. Is this a franchise operation? [ ]  Yes [ ]  No |
|  If yes, who is the Franchisee?       |
|  *Please attach a copy of the Franchise Agreement.* |
| 4. If new operation, please explain management experience.       |
| 5. Team name:  |       | League:       |
| 6. Home game facility name:       |
| ***PLEASE ATTACH A COPY OF THE VENUE AGREEMENT IF THIS FACILITY IF LEASED.*** |
| 7. Practice facility name: |       |
| ***IF APPLICABLE, PLEASE ATTACH A COPY OF THE USE AGREEMENT IF LEASED.*** |
| 8. Athlete Housing Location:       |
|  Square Footage:       |
|  Smoke Alarms? [ ]  Yes [ ]  No |
|  Fire Alarms? [ ]  Yes [ ]  No |
|  Sprinklered? [ ]  Yes [ ]  No |
| 9. Is there worldwide play (physically)? [ ]  Yes [ ]  No |
|  If yes, list the exposures and describe the operations in foreign countries.       |
| 10. Will the team be conducting any camps or clinics? [ ]  Yes [ ]  No |
|  If yes, describe:  |       |
| 11. What is the estimated number of spectators for each regular season game and tournament play (if tournament is handled by the insured esports team)?       |
| 12. Insured’s annual gross revenue: $      |
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| **AMUSEMENT DEVICES**

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| 1. Any amusement device exposure (bounce house, climbing walls, etc.)? [ ]  Yes [ ]  No |

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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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| **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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| **PARTICIPANT LIABILITY**

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| 1. Is Statutory Workers' Compensation Insurance carried?  [ ]  Yes [ ]  No If yes, are any of your players independent contractors **or** not covered by  Workers’ Compensation? [ ]  Yes [ ]  No |
| 2. What is the number of players?       |
| 3. Provide a copy of any applicable Uniform Player Contract or Collective Bargaining Agreement. |
| 4. Is there abuse exposure where the players are under age 18 or the insured has care, custody  or control of minors? [ ]  Yes [ ]  No If yes, please complete the separate supplement. |
| 5. 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, please attach a copy. |
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| **PROFESSIONAL LIABILITY** |
| 1. Do you have any employed broadcasters?  [ ]  Yes [ ]  No  If yes, describe the exposure:       |
| 2. Does the insured have merchandise/products exposure? [ ]  Yes [ ]  No If yes, please explain and provide estimated sales.       |
| 3. Does the insured purchase media liability? [ ]  Yes [ ]  No |
| 4. Does the insured purchase cyber liability? [ ]  Yes [ ]  No |
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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:**

* Completed Supplement
* Franchise Agreement
* Lease Agreement for games, practices or housing
* Five years of company loss runs with description of any individual claim or reserve in excess of $10,000
* Schedule of all regular season game play, tournament play, practices, and any ancillary activities to be covered
* Copy of brochures describing ancillary events.

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