

# Sports Facility Questionnaire

*All questions must be fully and completely answered. If there is not enough room in the space provided, a separate page(s) may be attached. Please mark "N/A" any question that does not apply to your operation.*

1. Name of Applicant: \_\_\_\_\_
2. Agency/Broker Name: \_\_\_\_\_

**General Information**

1. Facility name and address: \_\_\_\_\_
- A. Is the facility: Owned \_\_\_\_\_ Leased \_\_\_\_\_
- B. Type of Facility: Outdoor Stadium \_\_\_\_\_ Indoor Stadium \_\_\_\_\_ Other \_\_\_\_\_
- C. Capacity of Facility \_\_\_\_\_
- D. Type of protection used to safeguard the spectators \_\_\_\_\_
- E. Number of total Staff \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_
- F. Months of Operation: \_\_\_\_\_ Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- G. Response time/distance to nearest Fire Station: \_\_\_\_\_  Paid  Volunteer Ambulance/Hospital: \_\_\_\_\_
- H. Number of Medical Personnel on premise during events: \_\_\_\_\_

2. Estimated annual attendance: \_\_\_\_\_

3. Please select the party responsible for the following activities, or include a description under Other:

|                               | Facility                 | Lessee                   | Other(Describe) | Insurance Certificate<br>on file?                        |
|-------------------------------|--------------------------|--------------------------|-----------------|--|
| A. Alcohol Sales              | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Concessions                | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Fireworks Display          | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Aid (Medical Personnel) | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maintenance                   | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| F. Parking                    | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| G. Security                   | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| H. Ticket Sales               | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I. Referees (If Any)          | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| J. Batting Cages              | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| K. Parties                    | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| L. Camps/Clinics              | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| M. Other _____                | <input type="checkbox"/> | <input type="checkbox"/> | _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please provide a copy of all contracts for subcontracted services.**

4. Do all public areas meet local/county/state codes? Yes No

**Please provide details:**

- A. Type of Flooring \_\_\_\_\_
- B. Are rules posted and enforced at all times? Yes No
- C. Are parking areas well lit and patrolled? Yes No
- D. Are restrooms monitored/cleaned during events? Yes No
- E. Are crews on duty and prepared to clean up spills and public areas as needed? Yes No

5. Please list and give details on all Special Events (i.e. Concerts, Exhibition Games, Off Season Events, Skate Parks) that are not game related:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please list and give details of all patron interactive activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do participant in these activities sign a waiver? Yes No
8. Is there an age requirement? Yes No If yes, what is the minimum age requirement? \_\_\_\_\_
- Is there adequate supervision by staff? Yes No
10. Are parents/guardians required to be present for children's activities? Yes No
11. Is there a designated person in charge of security? Yes No
12. How long has this person held this position? \_\_\_\_\_
13. How many security personnel are utilized? \_\_\_\_\_ Number Armed \_\_\_\_\_ Number Unarmed \_\_\_\_\_
14. Does Security utilize dogs? Yes No If yes, how many dogs: \_\_\_\_\_ Capacity: \_\_\_\_\_
15. Is there an emergency evacuation plan established for the facility? Yes No
16. Are there any structural alterations to the stadium or any owned/leased building contemplated within the next 12 months? Yes No  
If Yes, describe: \_\_\_\_\_

### Sexual Molestation Coverage

1. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? Yes No
2. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
2. Does your state permit you to do criminal background investigations on prospective employees and/or volunteers? Yes No
3. If yes, do you routinely request and receive such background investigations? Yes No N/A
- 4 How do you verify employment and/or volunteer related references? In Person By Telephone Do Not Verify
5. Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? Yes No
6. Do you document it? Yes No N/A
7. Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationship with the children? Yes No
8. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? Yes No

### Snack Bar/Restaurant Exposures

1. Are all cooking surfaces properly fire protected? Yes No
2. What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_
3. Do you have a contract for servicing and maintaining the automatic extinguishing system? Yes No
4. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually
5. How often are filters cleaned? \_\_\_\_\_
6. By whom? \_\_\_\_\_
7. How often are hoods/duct cleaned? \_\_\_\_\_
8. By whom? \_\_\_\_\_

### Liquor Liability Information

8. Are minors permitted to use if accompanied by an adult? Yes No If permitted, what is the minimum age? \_\_\_\_\_

What are the maximum number (capacity) and average number of patrons allowed at one time in the hot tub? \_\_\_\_\_  
in the swimming pool? \_\_\_\_\_

10. Are all patrons required to sign a waiver/release prior to being permitted to enter the hot tub? Yes No

**Hired/Non-owned Automobile Liability Information**

1. Do you have a Business Auto Policy for owned auto? Yes No

**If yes, please include Hired/Non-owned coverage under your Business Auto Policy.**

**If no, please complete the following questions.**

**We require at least \$300,000 liability limits before an employee or volunteer can use their auto.**

2. Do employees or volunteers routinely use their autos for company business? Yes No  
If Yes, confirm that a minimum of \$300,000 liability limit is carried by all who use their own auto on company business: Yes No

3. Do you run motor vehicle reports on each employee and volunteer? Yes No  
If Yes, do you run them annually? Yes No

4. Do you have a Driver Safety Program including MVR requirements? Yes No

5. Number of Employees: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

6. What type of vehicles do you anticipate hiring this year (trucks, cars, buses)? \_\_\_\_\_  
**Please provide Make/Model/Size of all units.**

7. What is the estimated cost of lease or hire the vehicles? \_\_\_\_\_ How many times per year? \_\_\_\_\_ Average Distance \_\_\_\_\_

8. What is the use of the leased or hired auto? Please explain: \_\_\_\_\_

9. Does the leasing company provide drivers or do you use your own? \_\_\_\_\_

10. Do you purchase liability insurance from the leasing company? \_\_\_\_\_

11. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No