

SECTION 1: APPLICANT INFORMATION

Insured: _____ Effective Date: _____

DBA: _____ Type: New Renewal

Mailing Address: _____ Same Physical Address? Yes No

City: _____ State: _____ Zip: _____

Expiring Premium: _____ Facility Rental Revenue: _____

Total Revenue: _____ Effective Date: _____

Equipment Rental Revenue: _____ Do you own, operate or lease a facility? Yes No

Retail Sales Revenue: _____ Insured Website: _____

Food & Beverage Sale Revenue: _____ Losses in last four years? Yes No

Description of Food & Beverage Options: _____ Total Peak Membership: _____

_____ Daycare/Preschool Enrollment: _____

Liquor Sale Revenue: _____ Year insured began operating: _____

Type of Business (Select One):

- Individual Corporation Partnership Limited Liability Corp
- Joint Venture Organization University Other

Type of Insured: **Indicates supplemental application must be emailed to underwriter.*

- Facility Climbing Gym* Amateur Sport (description) _____
- Camp Ice Rink* Special Events (description) _____
- Higher Edu. Intramural/ Academic Club Circus/Aerial Arts Tournament (description) _____

If other, please describe: _____

SPORTS			SPECIFIC EQUIPMENT		
Activity	18 & Under	19 & Over	Activity	Count	Height
			Rock/Traverse Wall		Less than 8 Ft
					8.1 Ft - 12 Ft
					Greater than 12.1 Ft
			Climbing Rope		Less than 6 Ft
					Greater than 6 Ft
			Zip Line		Less than 6 Ft
					Greater than 6 Ft
			Aerial Skills		Less than 6 Ft
					Greater than 6 Ft
Total Coaches			Trapeze		Less than 6 Ft
<i>Other</i>					Greater than 6 Ft

COVERAGES		ADDITIONAL EXPOSURES	
Sexual Abuse		Miscellaneous	Count
Med Pay		Inflatables	
Damage to Premise Rented to You		Parties	
Professional Liability	<input type="radio"/> Yes <input type="radio"/> No	Swimming Pools	
Hired/Non-Owned	<input type="radio"/> Yes <input type="radio"/> No	Pitching Machines	
Umbrella		Saunas	
Additional Insured	<input type="radio"/> Yes <input type="radio"/> No	Tanning Beds	
Primary & Non-Contributory	<input type="radio"/> Yes <input type="radio"/> No		

CAMPS/CLINICS/EVENTS				
Age Group	Type	Activity	Participants	Days

ADDITIONAL LOCATIONS

Physical Location:

Address: _____
 City: _____ State: _____ Zip: _____

Physical Location:

Address: _____
 City: _____ State: _____ Zip: _____

Additional Requests/Notes: _____

SECTION 2: OPERATIONS

1. Is the facility 24 hours? Yes No Not Applicable
 - a. If yes: keyless entry? Yes No
 - b. If yes: video security cameras? Yes No
2. Do food sales include cooking? Yes* No
3. Does your facility offer child-minding, pre-school or daycare services? Yes* No
4. Does your facility have a swimming pool? Yes* No
5. Does your facility include a rock climbing or bouldering wall? Yes* No
6. Do you require Hired and Non-Owned Auto Coverage (HNOA)? Yes* No
7. Does the facility include tanning beds Yes* No
8. Does the facility include saunas? Yes* No
9. Does the facility include Cryotherapy Chambers? Yes* No
10. Does the insured require liquor liability coverage? Yes* No
11. Does the organization host or participate in performances, tournaments or special events? Yes* No

**Indicates supplemental application must be emailed to underwriter.*

12. In your organization responsible for maintenance of:

Indoor Courts or Fields? Yes No

If yes, description and how many of each?

Outdoor Courts or Fields? Yes No

If yes, description and how many of each?

SECTION 3: PROCEDURES

1. Are all fitness instructors certified? Yes No
2. If no, have all had a minimum of one year of experience? Yes No
3. Are all fitness instructors trained in the proper use of equipment? Yes No
4. Is a first aid kit located in an easily accessible location? Yes No
5. Does the facility have an AED device? Yes No
6. How many employees are trained in its use?
7. Are all clients required to sign a waiver of liability Yes No
If yes, how long is the waiver kept on file
8. Is all equipment:
 - a. Mechanically sound and installed and operating in accordance with manufacturers instructions and standards? Yes No
 - b. Serviced as required to ensure continued user safety? Yes No
 - c. Inspected daily with updated inspection logs maintained? Yes No

SECTION 4: EMPLOYMENT & STANDARDS

1. Is a written, signed employment application required for all prospective employees and volunteers? Yes No
2. If yes, does the written employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
3. Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? Yes No
4. How do you verify employment and/or volunteer related references?
 In person by telephone Do Not Verify
5. Do you conduct a personal interview with all prospective employees and volunteers? Yes No
6. Do you maintain documentation of employment/volunteer applications and background checks? Yes No
7. Do you have an employee handbook? Yes No
8. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? Yes No
9. At your staff orientation, 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? Yes No
10. Do you have a plan of supervision that monitors staff including volunteers in a day-to-day interaction with children? Yes No
11. 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

SECTION 5: CONCUSSION PROTOCOLS

1. Does your organization have a written concussion policy that is in compliance with current state legislation? Yes No
2. Do you distribute the written policy to coaches, parents and players and require parents to acknowledge that they have received and reviewed? Yes No
3. Does your concussion policy require a medical doctor's release prior to the child returning to play? Yes No
4. Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? Yes No
5. Does your organization utilize baseline testing? Yes No

SECTION 6: HISTORY

CLAIMS HISTORY

Has the organization had any GL/and/or Sexual Abuse and Molestation claims and/or incidents in the last 4 years? Please include current valued loss runs. Yes No

POLICY HISTORY

Is there prior insurance coverage? Yes No

Current Insurance Carrier: _____

Has insurance coverage been denied, canceled or non-renewed in the last three years? Yes No

If yes, please explain: _____

DECLARATIONS

I declare the statements and particulars in this application are true and that no material facts have been misstated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: _____ Date: _____

Position: _____