

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		
Activity	18 & Under	19 & Over
Total Coaches		
Other		

SPECIFIC EQUIPMENT		
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
Trapeze		Less than 6 Ft
		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 an 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
9. Does the facility have a video surveillance system? ☐ Yes ☐ No ☐ N/A
 - a. If yes, how long is the video retained?
 - b. Are there written procedures for saving video when incidents occur? ☐ Yes ☐ No
 - c. Are all activity areas under surveillance? ☐ Yes ☐ No
If no, describe what areas are not surveilled:

10. Are there non-slip surfaces in:
 - a. Shower areas? ☐ Yes ☐ No ☐ N/A
 - b. Pool area? ☐ Yes ☐ No ☐ N/A
 - c. Entry way? ☐ Yes ☐ No
 - d. All other wet areas? ☐ Yes ☐ No
11. Is the insured responsible for parking lot maintenance? ☐ Yes ☐ No
If yes, is snow removal contracted to a third party? ☐ Yes ☐ No ☐ N/A

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

Is the insured aware of any incidents or situations which may result in a claim being filed? ☐ Yes ☐ No
If yes, describe:

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:_____