

GENERAL INFORMATION

1. Organization Name: _____

Legal Name: _____

Coverage Term _____ through _____

2. Facility Address: _____

Mailing Address(if different): _____

3. Contact Person: _____

4. Telephone Number: (____) _____ Fax Number: (____) _____

5. Web site address: _____ Date of Formation: _____

6. Person responsible for general operation of activities: _____

Years of experience and type of experience: _____

7. How do you wish to receive your quotation? Via Fax (____) _____

Via E-mail _____ Via Mail _____

INSURANCE INFORMATION

8. Current Policy Expiration Date: _____

Current Insurance Co: _____

Current Expiring Premium: _____

9. Has any insurer ever canceled or refused coverage? Yes No

If yes, please explain: _____

10. Please indicate the frequency and duration of the meetings/gatherings/dates of operation: (i.e. # of hours, days, weeks, months, exact event dates, seasonal, 2nd Tuesday of each month, etc).

11. Please provide a description of all Non-Athletic Policyholder activities to be covered under the policies:

12. Please mark the boxes for those sports (if any) that apply.

SPORT No. of Adults No. of Youth

Aerobics	_____	_____
Badminton	_____	_____
Baseball	_____	_____
Basketball	_____	_____
Boxing	_____	_____
Cheerleading	_____	_____
Cross Country Skiing	_____	_____
Field Hockey	_____	_____
Flag Football	_____	_____
Floor Hockey	_____	_____
Golf	_____	_____
Ice Hockey	_____	_____
Lacrosse	_____	_____
Martial Arts	_____	_____
Roller Hockey	_____	_____
Rugby	_____	_____
Soccer	_____	_____
Softball	_____	_____
Swimming	_____	_____
T-Ball	_____	_____
Tackle Football	_____	_____
Tennis	_____	_____
Track	_____	_____
Volleyball	_____	_____
Weightlifting	_____	_____
Wrestling	_____	_____
Ultimate Frisbee	_____	_____
Other	_____	_____

NON-SPORTS ACTIVITIES- _____ ADULTS ____ YOUTH _____

COVERAGES AND LIMITS

Limit

13. Commercial General Liability \$ _____

 General Aggregate \$ _____

 Participant Legal Liability \$ _____

 Products & Completed Operations (aggregate) \$ _____

 Personal and Advertising Injury \$ _____

14. Other coverage needs: _____

UNDERWRITING

15. Total Annual Gross Receipts: \$ _____

Admissions: \$ _____ Concessions: \$ _____

Retail: \$ _____ Fees: \$ _____

16. Do you own or rent your facility/playing field? Own Rent

If rented, please provide a copy of the rental agreement from the building or park owner.

17. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)? Yes No

If yes, please explain _____

18. Square Footage of Facility/Playing Field: _____

19. Number of employees: _____ Full-time _____ Part-time

20. Is the facility/playing field rented for uses other than league games (birthday parties, banquets, etc.)? Yes No

If yes, please provide a copy of the facility/playing field use (rental) agreement.

21. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? Yes No

If yes, please describe: _____

22. Please describe medical and first aid facilities provided for competitors. _____

23. Does your facility subcontract out any of the following operations? Janitorial Concessions Security Facility/Field Maintenance If so, are certificates of insurance naming the facility as an additional insured obtained? Yes No

24. Is there a system in place for obtaining certificates of insurance where applicable? Yes No
If yes, who reviews certificates on behalf of named insured? _____
What is the minimum limit of general liability coverage requested from each subcontractor?

25. Are childcare services provided? Yes No If yes, do you do background checks on individuals providing child care services? Yes No
Please explain the services offered and the procedures in place to protect the children while in your care. _____

26. Do you have cooking surfaces on site? Yes No
If yes, are cooking surfaces property protected from fire exposures? Yes No
If yes, please explain _____

27. Is named insured involved in the sale or distribution of any products? Yes No
If yes, please explain: _____

28. Are there any special events planned at your facility/playing field during the coverage term (e.g. festivals, large tournaments, etc)? Yes No
Please explain _____

Estimated spectators for these events? _____

GENERAL QUESTIONS

- a. Yes No Are rules posted conspicuously and enforced at all times?
b. Yes No Are participants required to wear safety equipment during play?
c. Yes No Are participants required to sign a Waiver & Release of Liability?
Please provide a copy.

d. Yes No Are copies of the Waiver & Release of Liability kept on file?

How long? _____

- e. Yes No Are the referees or coaches employees of your organization?
f. Yes No Are parking lots well lit and patrolled?
g. Yes No Are facility/playing field inspections and maintenance performed?
h. Yes No is a log kept of inspections and maintenance performed?
i. Yes No Are written emergency procedures in place? (attach copy)

j. Yes No Does the facility rent or repair sports equipment?

k. Yes No Is the facility locked so that patrons cannot use it when closed?
primary concern is outdoor activities

l. Yes No Are there construction operations on site?

If yes, is the work subcontracted to a third party with additional insured certificates provided?

29. Please also provide (quote will not be released until all of these materials are received and reviewed):

Loss runs for the past three years (if applicable)

Emergency procedures

Lease agreement if your facility/playing field is not owned

Sample waiver and release of liability

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Francis L. Dean & Assoc., Inc.

Signature of Applicant _____

Date _____