

APPLICATION FOR: **Amateur Sports Facility Application**

**I. Account Information**

Named Insured/Applicant Name: \_\_\_\_\_

*\*Name to be listed on the policy*

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*\*If different than Location Address*

Website Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Annual Gross Revenues: \$ \_\_\_\_\_

Months of Operation: \_\_\_\_\_

Accident/Medical Coverage Limits Carried (Per Accident)

None     \$5,000     \$10,000     \$25,000     \$50,000     \$100,000     \$1,000,000

Are there procedures in place to verify that individuals and parents carry their own health insurance?

Yes     No

If the applicant does not have Accident & Medical coverage, do you need a quote?

Yes     No

Risk Management Contact: \_\_\_\_\_

Risk Management's Phone: \_\_\_\_\_

Risk Management's Email: \_\_\_\_\_

**II. Underwriting Information**

**A. General Information**

1. Describe All Operations Conducted at Facility: \_\_\_\_\_

2. List All Sports Played: \_\_\_\_\_

3. Does the applicant belong to any national, state, or local sports association?  Yes     No

If yes, please explain: \_\_\_\_\_

4. Does use of the sports facility require eligibility requirements?  Yes     No

5. Is the applicant or your staff trained/certified in CPR or first aid?  Yes     No

6. Does the applicant require a completed waiver from all who use the sports facility?  Yes     No

7. Is a parent's signature required for minors?  Yes     No

8. Does the applicant have a written incident report procedure in place?  Yes     No

9. Does the applicant keep a log of all incidents?  Yes     No

10. Does the applicant have stated concussion protocol and/or guidelines?  Yes     No

If yes, please provide a copy.

11. Are coaches/trainers employees?  Yes     No

If no, do they furnish certificates of insurance?  Yes     No

12. Does the applicant require a facility rental agreement?  Yes     No

If yes:     Individuals     Leagues     Groups

13. By law, what is the maximum capacity of the facility: \_\_\_\_\_

14. Number of Full-Time Staff: \_\_\_\_\_

Number of Part-Time Staff: \_\_\_\_\_

15. Number of Staff Under 18 Years Old: \_\_\_\_\_

18-25 Years Old: \_\_\_\_\_

Over 25 Years Old: \_\_\_\_\_

16. Does the applicant maintain a full-time security staff?  Yes  No  
 If yes, number of personnel devoted to security: \_\_\_\_\_  
 If yes, is security staff:  Employed  Self-contracted  
 If self-contracted, do they furnish a security certificate?  Yes  No
17. Does the applicant have equipment rentals?  Yes  No  
 If yes, who operates the rental operation:  Applicant  Sub-contractor  
 If sub-contractor, do they furnish a certificate of insurance?  Yes  No
18. Does the applicant sponsor a team?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 
- If yes, are they members of a sanctioned league?  Yes  No  
 If yes, indicate sanctioning body: \_\_\_\_\_
19. Is spectator seating provided by your facility?  Yes  No  
 If yes, maximum seating capacity: \_\_\_\_\_ If yes, type of seating:  Permanent  Portable  
 If yes, type of seating:  Wood  Metal  Concrete  Other: \_\_\_\_\_
- If yes, is there a barrier (net, glass, etc.) between field and seats?  Yes  No  
 If yes, are non-slip surface treads used on all stairs?  Yes  No
20. Does the applicant have locker rooms?  Yes  No  
 If yes, are the rooms monitored?  Yes  No
21. Does the applicant have shower rooms?  Yes  No  
 If yes, are they open to the public?  Yes  No  
 If yes, are non-slip surfaces used in the shower area?  Yes  No
22. Are parking lots and curbs maintained (cleared) during winter storms?  Yes  No  
 If yes, is it done by:  Applicant  Sub-contractor
23. When a storm occurs, is there a procedure in place to remove ice and snow from roof immediately as to avoid roof collapse?  Yes  No  
 If yes, please explain: \_\_\_\_\_
24. Does the applicant operate a baby sitting service?  Yes  No  
 If yes, what is the maximum amount of time child is supervised: \_\_\_\_\_ If yes, what is the ratio of adults to children: \_\_\_\_\_ to \_\_\_\_\_
25. Does the applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubble or domes?  Yes  No
26. Does the insured have any soccer goals?  Yes  No  
 If yes, while on the field, are they secured/anchored to the ground?  Yes  No  
 If yes, how: \_\_\_\_\_  
 While in storage, are they secured to a structural section of the building?  Yes  No  
 If yes, how: \_\_\_\_\_

### III. Concussions - Athletics

1. Does the applicant have a written concussion awareness and management program in place?  Yes  No  
 If yes, where applicable, is it compliant with current state legislation?  Yes  No  N/A  
 If yes, does this include understanding a concussion and the potential consequences of this injury?  Yes  No  
 If yes, does this include recognizing the signs and symptoms of a concussion or other closed head injury and how to respond?  Yes  No  
 If yes, does this include learning about steps for returning to activity after a concussion?  Yes  No  
 If yes, does this include focusing on prevention and preparedness to help keep participants safe?  Yes  No
- \*A copy of written program is required upon binding.**
2. Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention?  Yes  No
3. Does the insured communicate and distribute education materials to participants and/or parents/guardians of minors about the nature of risk of concussions, including, but not limited to, how to recognize concussion symptoms, in written or electronic form?  Yes  No
4. Does the insured require the participants and/or parents/guardians of minors to sign an acknowledgment that they have received and reviewed?  Yes  No
5. If a concussion is suspected, does the applicant require the participant to leave the game or practice immediately?  Yes  No

6. Does the applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play?  Yes  No
7. Does the applicant utilize base line testing?  Yes  No
8. Does the applicant currently utilize any concussion impact monitoring technology?  Yes  No
- If yes, please describe: \_\_\_\_\_
- Name of manufacturer: \_\_\_\_\_
- Who monitors the data:  Coaches  Employees  Volunteers  Third Party

**A. Life Safety**

1. Is exit emergency lighting provided?  Yes  No
- If yes, how often is it inspected: \_\_\_\_\_
2. Are exit doors equipped with panic hardware?  Yes  No
3. Are exit doors ever chained or locked?  Yes  No
4. Is there a fire detection system (smoke/heat)?  Yes  No
- If yes, please describe: \_\_\_\_\_
- If yes, are there manual pull stations on premises?  Yes  No
5. Are there written emergency evacuation plans?  Yes  No
6. Are employees familiar with appropriate evacuation procedures?  Yes  No
7. Is smoking permitted on premises?  Yes  No
- If yes, please describe: \_\_\_\_\_

**B. Food and Beverages**

1. Does the applicant operate a concession stand?  Yes  No
- If yes, is it self-service?  Yes  No
- If yes, are there designated eating areas?  Yes  No
- If yes, cooking equipment is:  Electric  Gas  Propane
2. Are there grills and/or deep fryers on premises?  Yes  No
- If yes, are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls?  Yes  No
- If yes, how often is the system cleaned: \_\_\_\_\_

**IV. Abuse and Molestation**

1. Requested Limit: Occurrence: \$ \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  N/A
2. Does the applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made?  Yes  No
3. Does the applicant's state permit him/her to do criminal background investigations?  Yes  No
- If yes, does the applicant routinely request and receive such background investigations?  Yes  No
4. Does the applicant verify employment-related references?  Yes  No
5. Does the applicant conduct a personal interview?  Yes  No
6. Does the applicant have written procedures for dealing with sexual abuse?  Yes  No
7. Will any independent contractors have access to children/clients or perform operations where they will be physically touching another person?  Yes  No
- If yes, please explain: \_\_\_\_\_
- Does the applicant perform background checks on hired independent contractors?  Yes  No
8. Does the applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
9. Has the applicant ever had an incident which resulted in an allegation of sexual abuse?  Yes  No
- If yes, please describe: \_\_\_\_\_
- Was a claim made against the organization?  Yes  No
- Was the case settled?  Yes  No
- Was the case taken to trial?  Yes  No
- How much money was paid as damages to victim: \$ \_\_\_\_\_

10. Regarding coverage for Abuse & Molestation, does your current program:

- Exclude coverage
- Limit coverage (please indicate limit): \$ \_\_\_\_\_
- Neither exclude nor limit coverage

11. Please indicate age range of clients: From: \_\_\_\_\_ To: \_\_\_\_\_

12. Does the applicant provide training to employees, volunteers/parents, athletes for Abuse and Molestation?  Yes  No

13. Does the applicant comply with SafeSport?  Yes  No

**V. Exposure Information**

**A. Itemized Receipts**

- Practice \$ \_\_\_\_\_
- Competition \$ \_\_\_\_\_
- Shows/Events \$ \_\_\_\_\_
- Parties \$ \_\_\_\_\_
- Pro Shop \$ \_\_\_\_\_
- Food \$ \_\_\_\_\_
- Beverages \$ \_\_\_\_\_ (Non-Alcohol)
- \$ \_\_\_\_\_ (Alcohol)
- Other \$ \_\_\_\_\_ (Describe: \_\_\_\_\_)
- TOTAL \$ \_\_\_\_\_

**B. Percentage Rental**

- Youth League \$ \_\_\_\_\_
- Adult League \$ \_\_\_\_\_
- Non-League Rental \$ \_\_\_\_\_
- Other (Describe below) \$ \_\_\_\_\_

**C. Participant Breakdown**

- 12 & Under: \_\_\_\_\_ Age 13-15: \_\_\_\_\_
- Age 16-18: \_\_\_\_\_ Adults: \_\_\_\_\_

**D. Batting Cages**

N/A

- 1. Who is the manufacturer? \_\_\_\_\_
- 2. Minimum age of participants: \_\_\_\_\_
- 3. Number of machines: \_\_\_\_\_
- 4.  Slow pitch  Fast pitch
- 5. Maximum ball speed in Slow Pitch: \_\_\_\_\_
- 6. Maximum ball speed in Fast Pitch: \_\_\_\_\_
- 7. Balls approved by manufacturer?  Yes  No
- 8. Are machine velocities checked or calibrated?  Yes  No  
If yes, by whom? \_\_\_\_\_
- 9. Are records kept?  Yes  No  
If yes, how long? \_\_\_\_\_
- 10. Are home plates clearly marked for left-handed and right-handed participants?  Yes  No
- 11. Can pitching machines be altered by participants?  Yes  No
- 12. Are helmets required?  Yes  No
- 13. Is there a light indicator when last ball has been pitched?  Yes  No
- 14. Are participants allowed to swing bats outside of batting cages?  Yes  No
- 15. Are ALL the rules posted on cage indicating warnings and rules?  Yes  No
- 16. How many supervisors are present? \_\_\_\_\_

**E. Number, Type and Size of Courts/Playing Fields**

- Number: \_\_\_\_\_ Type: \_\_\_\_\_ Length: \_\_\_\_\_ x width: \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft.
- Number: \_\_\_\_\_ Type: \_\_\_\_\_ Length: \_\_\_\_\_ x width: \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft.
- Number: \_\_\_\_\_ Type: \_\_\_\_\_ Length: \_\_\_\_\_ x width: \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft.
- Number: \_\_\_\_\_ Type: \_\_\_\_\_ Length: \_\_\_\_\_ x width: \_\_\_\_\_ = \_\_\_\_\_ Sq. Ft.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Alive Risk in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify Alive Risk of such changes and Alive Risk may modify or withdraw the quote or binder.

The signing of this application does not bind Alive Risk to offer, or the applicant to purchase, the policy.

Name (Please Print/Type): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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