



Amateur Sports Facility Application

Please complete the following application. Once the application is received, a quotation will be sent within one business day. As sports facilities vary, some questions may not be applicable. Please indicate N/A where necessary

GENERAL INFORMATION

- Facility Name: _____
Legal Name: _____
- Facility Address: _____
(Street) (City, State, Zip)
Mailing Address(if different): _____
(Street) (City, State, Zip)
- Contact Person: _____
- Telephone Number: (____) _____ Fax Number: (____) _____
- Web site address: _____ Date of Formation: _____
- Person responsible for general operation of facility activities: _____
Years of experience and type of experience: _____
- How do you wish to receive your quotation? Via Fax (____) _____
 Via E-mail _____
 Via Mail _____

INSURANCE INFORMATION

- Current Policy Expiration Date: _____
Current Insurance Co: _____
Current Expiring Premium: _____
- Has any insurer ever canceled or refused coverage? Yes No
If yes, please explain: _____
- Please mark the boxes for those sports that apply.

| SPORT | No. of Adults | No. of Youth |
|-------------------------------------|----------------------|---------------------|
| <input type="checkbox"/> Aerobics | _____ | _____ |
| <input type="checkbox"/> Badminton | _____ | _____ |
| <input type="checkbox"/> Baseball | _____ | _____ |
| <input type="checkbox"/> Basketball | _____ | _____ |

- Batting Cages _____
- Boxing _____
- Cross Country Skiing _____
- Field Hockey _____
- Fitness/Health Club _____
- Flag Football _____
- Floor Hockey _____
- Golf _____
- Ice Hockey _____
- Lacrosse _____
- Martial Arts _____
- Roller Hockey _____
- Soccer _____
- Softball _____
- Tennis _____
- Track _____
- Volleyball _____
- Weightlifting _____
- Wrestling _____
- Ultimate Frisbee _____
- Skate Park _____
- Other _____

COVERAGES AND LIMITS

Limit

- 11. Commercial General Liability \$ _____
- General Aggregate \$ _____
- Participant Legal Liability \$ _____
- Products & Completed Operations (aggregate) \$ _____
- Personal and Advertising Injury \$ _____

12. Other coverage needs: _____

UNDERWRITING

13. Total Annual Gross Receipts: \$ _____ Admissions: \$ _____
Concessions: \$ _____ Retail: \$ _____
Fees: \$ _____
14. Do you own or rent your facility? Own Rent
If rented, please provide a copy of the rental agreement from the building owner.
15. Do you rent your facility to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)?
 Yes No If yes, please explain _____

16. Square Footage of Facility: _____
17. Number of employees: _____ Full-time _____ Part-time
18. Is the facility rented for uses other than league games (birthday parties, banquets, etc.)?
Yes No
If yes, please provide a copy of the facility use (rental) agreement.
19. Does your facility host its own leagues? Yes No
20. Does your facility host leagues that have separate sanctioning through another organization?
 Yes No
Does the league provide a certificate of insurance to the facility naming them as additional insured? Yes No
Please provide a copy of the lease agreement signed by sanctioned leagues.
21. Does your facility host events at locations other than the address listed above?
 Yes No
If yes, please describe including the address where the events are held _____

22. 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: _____

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

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

26. 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. _____

27. 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 _____

28. Is named insured involved in the sale or distribution of any products?

Yes No

If yes, please explain: _____

29. Are there any special events planned at your facility 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 the facility?

f. Yes No Are parking lots well lit and patrolled?

g. Yes No Are facility 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? _____

30. 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 is not owned
- sample waiver and release of liability
- sample facility rental agreement

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 _____

Signature of Licensed Agent _____

Agency Name and Address _____

Date _____