



Phone: (866) 674-1234
Fax: (866) 352-1401
Email: msg@monumentsports.com
1365 Overbrook Road, Suite #1
Richmond, VA 23220

Property Insurance Application

I. General Information

Facility Name / DBA: _____
Legal Name of Insured: _____
Location Address: _____
Mailing Address: _____
Years in Business: _____ FEIN: _____
Does the insured conduct any other operations or own any other buildings under this name?
 Yes No If yes, please describe: _____
General Manager: _____
Years and Type of Experience: _____
Contact Email Address: _____
Web site: _____ Phone: _____ Fax: _____

Is your facility a current member of USIndoor? Yes No

II. Coverage Information

Have you had any Losses or Claims in the previous 5 years? Yes No
If yes, please describe: _____
Effective Date: _____
Current Carrier: _____

III. Property Information

- Do you own or Lease your Facility? Own Lease
If owned, do you have a separate company that owns the building? Yes No
If yes, what is the name of the property company and does it have a separate policy?

- Types of playing surfaces: Turf with Boards Turf without Boards
 Sport court Hardwood Carpet Other _____
- Do you have any outdoor fields or courts? Yes No
If yes, how many and what type of playing surface? _____
- What is the maximum capacity of the building at one time? _____
- Is there a restaurant on premises? Yes No
If yes, please describe: _____
- What type of cooking surfaces do you have? _____
- Are cooking surfaces properly protected from fire exposures? Yes No
- Is alcohol sold on premises? Yes No
- Total Number of Buildings: _____ (details on each building must be provided separately)

10. Total Square Footage: _____ Square Footage that you occupy: _____
11. Year Building built: _____
12. Provide details on when the following were updated:
- a. Electrical: _____ Plumbing: _____
- b. HVAC: _____ Other: _____
13. Distance to Fire Hydrant: _____ Ft. Distance to Fire Station: _____
Miles
14. What % of Building is sprinklered? _____
15. Is there a Central Fire Alarm? Yes No
16. Is there a Central Burglar Alarm? Yes No
17. Is there Video Camera Surveillance? Yes No
18. Name of monitoring company: _____
19. Type of Building construction (brick, steel, frame, concrete, other): _____
20. Type of Roof construction: _____ If Steel: Coated Not coated
- a. Date Roof was last updated: _____
- All Limits/Values below should equal 100% Replacement Cost Value**
21. Building Limit (if owned): _____ Value of HVAC equipment: _____
Included in Building value? Yes No
22. Tenants Improvements and Betterments Limit (if building is leased): _____
23. Business Personal Property Limit: _____
24. Outdoor Equipment Limit (i.e. artificial, turf, lights, signage, etc.) to be covered
- a. Description _____
- b. Value _____
- c. What is the maximum distance the outdoor equipment is from the building?
_____ (feet)
25. Business Income Limit (100% Gross Revenue figure): _____
26. Requested Property Deductible (\$1k, \$2500, \$5k or higher): _____
27. Special Comments/Coverage Requests: _____

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld

Signature: I understand that by checking this box,

Date: _____

I am signing this document:

Printed Name: _____

Title: _____

Broker (if other than Monument Sports): _____