

Liquor Receipts:
 Concession Receipts:
 Amusement Device Receipts:

Souvenir Sales receipts
 Parking Lot receipts
 Other Receipts (describe):

17. List any additional premises leased, rented or occupied by applicant: Interest in location :

PATRON INTERACTIVE ACTIVITIES

Please list and give details of all patron interactive activities:

Is there an age requirement? Yes No If yes, what is the minimum age requirement?

Is there adequate supervision by staff? Yes No

Are parents/guardians required to be present for children’s activities? Yes No

Additional safety measures taken, please note here:

GAME DAY OPERATIONS

18. Please specify who is responsible for the following activities:

	Team	Stadium/Facility	Other/Describe
Parking	<input type="checkbox"/>	<input type="checkbox"/>	
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Concession Sales (excluding Alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol Sales	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid (Medical personnel)	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	

19. Do areas listed below meet local/county/state codes? Yes No

Area	Non-skid Surface	Well lit
All Ramps	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Concessions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Walkways & Aisles	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Restrooms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Locker Rooms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Playground areas	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note type of material used in playground area (i.e. wood chips, pebbles, sand, etc.)

CONTRACTUAL

Please provide copies of all contracts signed in regards to the following:

1. Concessionaire/liquor sales
2. Charter bus company
3. Security
4. Parking lot usage
5. Products for souvenir shops
6. Fireworks shooter
7. Any other contracts/agreements that you have signed for any activities to be held at the stadium (concerts, luncheons, meetings, etc.)
8. Subcontractors

Provide copies of certificates of insurance provided by the subcontractors evidencing that you, the named insured have been added to the subcontractor policy as an additional insured in regards to their operations.

Please verify that there is a procedure in place to obtain these certificates of insurance.
What is the minimum limit of liability coverage requested from each subcontractor?

Please provide a copy of the checklist used to secure copies of certificates of insurance from all subcontractors and outside parties that may lease/use the stadium.

Is there a set of written guidelines governing mascot behavior? Yes No
If yes, please provide a copy of the guidelines

SECURITY

Are local off-duty police used? Yes No

How many security personnel are used for game day events?

Are any of the security personnel armed? How many are armed?
Payroll/fees paid for the security:

PARTICIPANT LEGAL LIABILITY

Is Statutory Workers' Compensation Insurance Carried? Yes No
If yes, are any players independent contractors **or** not covered by Workers' Compensation?
Yes No

Do you require a waiver and release to be signed by all participants not protected by Workers' Compensation? (i.e. free agent tryout, cheerleader, mascot, fan participation) Yes No
If yes, please attach a copy.

What precautions are taken to keep spectators out of the restricted areas?

LOSS EXPERIENCE

Please provide hard copies of insurance company loss runs for the previous five years including paid losses and outstanding reserves.

Have there been any Liability claims or losses in the previous 5 years? Yes No
If yes, please describe:

Has coverage ever been canceled or non-renewed during the last five years? Yes No
If yes, please explain:

ADDITIONAL INSURED: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

NAME	ADDRESS	RELATIONSHIP*
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***If the additional insured is an owner, manager, or lessor of the premises to you, please indicate the part of the premises leased or rented to you by the designated additional insured, as respects your activity or operation.**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

WORKERS COMPENSATION SECTION

Team Name:

Federal Tax ID Number:

Payroll Information	Annual Payroll	# of Part Time Employees	# of Full Time Employees
Clerical:			
Outside Sales :			
Facility Ops (Attendants, Concessions, Grounds Maintenance):			
Players and Coaches:			
Trainer:			
Other :			
Other :			

Effective Date:

Current WC Carrier:

Current Annual Premium:

Experience Mod:

Employer Liability Limits Requested:

Ownership Information

Name	DOB	% of Ownership	Duties	Title	Include in Coverage?	Annual Payrc

**3 years of loss history is required; please request loss runs from the current carrier.
Please provide a copy of the current medical sponsorship deal.**

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Applicant's Name (print)

Date (MM/DD/YY)

LIQUOR LIABILITY SECTION

1. Name on Liquor License (whether insured or concessionaire that handles liquor sales):
2. Liquor License Number:
3. Are all kinds of alcohol beverages sold? Yes No Beer and Wine only? Yes No
4. Have you ever been fined or had your liquor license revoked or suspended? Yes No
If yes, please describe circumstances
5. Have you ever been cited by the Liquor Control Commission? Yes No
If yes, please provide details:
6. Has any insurer canceled or non-renewed coverage during the last three years? Yes No
If yes, please explain:
7. Do all servers receive alcohol awareness training? Yes No
If yes, please indicate what program is utilized for the training:
8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
9. Do you stop sales at the bottom of the 7th inning (baseball) or 3rd quarter(football) or one hour prior to end of the event (for all other professional sports)? Yes No
10. Are coolers, thermoses, bottles or cans permitted in the facility during the event? Yes No
11. What procedure is utilized for control of consumption of alcohol?
12. Have there been any alcohol related claims in the last five years? Yes No
If yes, please describe, including payments and reserves:
13. Do you maintain security personnel at event entry check points? Yes No
If yes, what type?
Do they exercise the right of search and seizure of contraband items? Yes No
If yes, how do they notify the public of this?
14. At what point of sales are I.D.'s checked?
15. Are rules and regulations clearly displayed for patron's viewing? Yes No
Explain
16. In what size container is the alcoholic beverage served at each event?
17. Can patrons purchase more than two alcoholic beverages at one time? Yes No
18. Is there any type of designated drive program in effect? Yes No
Explain:
19. Is there any other type of liquor liability coverage being provided? Yes No
If yes, please explain and attach a copy of the certificate of insurance:

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Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

AUTO LIABILITY SECTION

Name Insured:

Do you have any Owned Autos? Yes No

If yes, do you have a Business Auto policy? Yes No

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their personal autos for company business?

Yes No

If so, please provide details regarding duties involved:

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers are able to use their personal auto for your business purposes? Yes No

3. Do you have a driver screening program for those employees who use their own personal vehicles for your business purposes? Yes No

4. Do you run motor vehicle reports on each employee/volunteer? Yes No

5. Please explain what other controls you have in place to protect your company's liability:

6. Number of employees

Number of Volunteers

HIRED AUTO LIABILITY

1. During the last three years have you leased, borrowed or hired any vehicles for your business?

Yes No

If you anticipate some usage this year:

A. What type of vehicle (trucks, cars, buses)?

2. If yes, how many?

For how long?

Number of times a year:

Distance traveled per trip

3. When leasing, hiring or borrowing are the vehicles used to:

A. Transport participants, volunteers or staff only? Yes No

If yes, how many?

For how long?

Number of times per year:

Distance traveled per trip:

B. Haul equipment? Yes No

If yes, please explain and identify frequency and distance traveled per trip:

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carriers:

Distance traveled per trip:

How long the vehicles will be used?:

5. Does the leasing company provide drivers or do you use your own? Yes No

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No

If yes, please explain:

8. What is the estimated annual cost to hire/lease all vehicles?
9. Do you hire vehicles for more than or less than 30 days for any one time? More Less
If you lease the vehicle more than 30 days, vehicle should be scheduled.

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)?
2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)?
3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
4. What is the maximum number of vehicles leased at one time?
5. Please provide the garage location of the vehicles (city and state):

LIST OF DRIVERS – Please provide the following information for each driver that may be driving their personal auto for your business or that may be leasing vehicles for business use:

Name	Birth date	Driver’s License Number	State where licensed
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OWNED OR LEASED OR VEHICLES

If leased, what is the term of the lease?

VIN:	Year:	Make:	Model:	Cost New:	Garaging location(city/st)
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Applicant’s Signature

Applicant’s Name (print)

Date (MM/DD/YY)

Property Section

Named Insured:

Team Name:

Location Address:

Street: City: State: Zip

Code:

Years in Business: Number of Buildings:

Year Building Built: County:

Total Square Feet (per building):

Sprinklered: Yes No

% Sprinklered:

Fire Alarm: Yes No

Burglar Alarm: Yes No

Distance to: Fire Hydrant:

Fire Station:

Name of the Monitoring Company:

Building Construction:

Roof Construction:

If steel, Updates to the Building:

Restaurant on Premises: Yes No

If yes, please describe:

Liquor sold on Premises: Yes No

Building Replacement Cost, \$

Boiler and Machinery Coverage (Heating system/AC) \$

Contents Replacement Cost, \$

Gross Receipts (Loss of Income) \$

Deductible, \$

Effective Date (MM/DD/YYYY):

Current Insurance Company:

Current Annual Premium, \$

Losses or claims – last 5 years (please fax loss runs to 866-352-1401):

Mortgagees or loss payees (address):

Street: City: State: Zip

Code:

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Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

INFLATABLE GAMES LIABILITY SECTION

Named Insured:

Contact Name:

1. Types of inflatable (official names of all inflatables):
Location in stadium/arena:
Average number of participants for each inflatable and their age group:
Minimum number of volunteers or employees overseeing activities:
2. Inflatable games are: Owned Rented Leased
If rented/leased, does the rental company provide a General Liability certificate that names the team as additional insured? Yes No
If rented/leased, does the rental company staff the game? Yes No
3. What safety equipment and guidelines are required of the participants?
4. Are parents required to remain at the site? Yes No
5. Are there any requirements to enter the inflatable (removal of shoes, glasses, etc.)?
6. What type of training/background do the employees have that are operating the inflatables?
7. Is first aid available? Yes No If yes, please describe the medical/safety procedures in place:
8. What is the realistic response time for medical assistance?
9. Are waiver/release or consent forms signed by participants/legal guardians? Yes No
10. What precautions are taken to prevent unauthorized persons from entering restricted areas?

Any material misrepresentation will make recovery under the insurance policy null and void.
Applicant represents that the above statements and facts are true and that no material fact has been suppressed or misstated.

Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)

FIREWORKS SUPPLEMENTAL SECTION

1. Name of Insured:
2. Tentative date(s) or estimated dates for fireworks exposure:
3. Specific location of fireworks display(s):
4. Estimated spectator attendance (if display is scheduled on a non-game day):
5. Name of organization shooting fireworks:

Please provide copy of contract with organization shooting fireworks.

6. Please attach copy of the certificate of insurance with your name listed as additional insured (minimum limit \$1,000,000 required).
7. List the names of individuals shooting fireworks and their experience (bodily injury to shooters is excluded):

<u>Name</u>	<u>Experience</u>
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Does a pyrotechnic company set up fireworks at your scoreboard for release after the National Anthem or for homeruns/goals? Yes No

If yes, please provide a copy of the current license of the employee that will be launching these fireworks at your stadium.

8. Provide diagram of the fireworks, display area, detailing the following information:
 - a. Spectator fencing – distance from launch site to spectators
 - b. Launch site
 - c. Direction of launch
 - d. Spectator parking lot
 - e. Concessions area
 - f. Surrounding areas
9. Describe firefighting equipment on site of event:
10. If no firefighting equipment on site, give distance to nearest fire station:
Fire protection is Volunteer Paid
11. Do you have a licensed EMT-staffed ambulance on site during all fireworks displays? Yes No
12. Have you displayed fireworks before? Yes No
If yes, describe any claims/losses that have occurred and the amount of the loss:

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Applicant's Signature

Applicant's Name (print)

Date (MM/DD/YY)