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USIndoor Sports Facility Insurance Application

I. General Information

Facility Name / DBA: _____
 Legal Name of Insured: _____
 Location Address: _____
 Mailing Address: _____
 Company Structure: Corporation LLC LLP Non-Profit Other: _____
 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: _____
 Number of Full-time Employees: _____ Number of Part-time: _____ Annual
 Payroll: _____
 Is your facility a current member of USIndoor? Yes No

II. Coverage Information

Have you had any Liability Losses or Claims in the previous 5 years? Yes No
 If yes, please describe: _____
 Effective Date: _____
 Coverage requested:
 General Liability Accident Medical Property
 Worker's Compensation Directors & Officers Crime
 Liquor Liability Umbrella/Excess Other _____

III. Revenue and Activity Information

Total Annual Revenue:	\$
Fees/Admissions	\$
In-House Leagues	\$
Leagues with separate sanctioning	\$
Memberships	\$
Camps/Clinics/Youth training	\$
Tenant or Lease Income	\$
Rental Income	\$
Special Events	\$
Pro Shop/Retail Sales	\$
Concession/Restaurant	\$
Liquor/Alcohol Sales	\$
Sponsorship	\$
Other Income	\$

**Revenue information is not required if a detailed Profit & Loss/Income Statement is provided.

Please select all sports/activities that apply and provide the annual number of participants

Sport/Activity	<input type="checkbox"/>	Annual Adult	Annual Youth	Sport/Activity	<input type="checkbox"/>	Annual Adult	Annual Youth
Baseball	<input type="checkbox"/>			Lacrosse	<input type="checkbox"/>		
Basketball	<input type="checkbox"/>			Laser Tag	<input type="checkbox"/>		
Batting Cages	<input type="checkbox"/>			Martial Arts	<input type="checkbox"/>		
Boxing	<input type="checkbox"/>			Inline Hockey	<input type="checkbox"/>		
Dodgeball	<input type="checkbox"/>			Soccer	<input type="checkbox"/>		
Field Hockey	<input type="checkbox"/>			Softball	<input type="checkbox"/>		
Fitness/Health Club	<input type="checkbox"/>			Speed & Conditioning	<input type="checkbox"/>		
Football - Flag	<input type="checkbox"/>			Tennis	<input type="checkbox"/>		
Football - Tackle	<input type="checkbox"/>			Ultimate Frisbee	<input type="checkbox"/>		
Floor Hockey	<input type="checkbox"/>			Volleyball	<input type="checkbox"/>		
Golf	<input type="checkbox"/>			Wrestling	<input type="checkbox"/>		
Gymnastics	<input type="checkbox"/>			Other:	<input type="checkbox"/>		
Ice Hockey	<input type="checkbox"/>			Other:	<input type="checkbox"/>		

Activities not covered without prior approval:

Bungee jumping, boxing, tackle football, concerts, comedy shows, licensed day-care operations, swimming pools/water attractions, skate parks, BMX operations, ice rink operations, tanning bed operations, amusement devices, go-karts or other motorized racing, carnivals/circuses/fairs, paint ball/reball, mixed martial arts, rock climbing walls, children's play structures, inflatable games and bubble soccer.

IV. Building & Premises 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 Liability 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
 If yes, complete liquor application: http://archive.monumentsports.com/?el_name=liability_form
- Total Number of Buildings: _____
- Total Square Footage: _____ Square Footage that you occupy: _____
- Year Building built: _____
- If Building is over 25 years old, then provide the year that the following were updated:
 Electrical: _____ Plumbing: _____ HVAC: _____

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): _____
20. Type of Roof construction: _____ If Steel: Coated Not coated
21. Date Roof was last updated: _____
22. Replacement Cost of Building (if owned): _____
23. Value of HVAC equipment: _____ Included in Building value? _____
24. Value of Tenants Improvements and Betterments (if building is leased): _____
25. Replacement Cost Value of Business Personal Property: _____
26. Outdoor Property to be covered:
- a. Description: _____
- b. Value: _____
27. Business Income Limit: _____
28. Requested Property Deductible: _____

V. Exposure & Risk Management

1. Does the facility host its own leagues? Yes No
2. Does the facility rent or lease to any other leagues, groups or organizations (for practices/games, parties, special events, shows, pro/semi-pro teams)? Yes No
 If yes, please describe: _____
- If yes, is the facility named as additional insured? Yes No
3. Are any special events (concerts, MMA, dog shows, etc.) planned at the facility? Yes No
 If yes, please describe: _____
- Estimated number of spectators per event? _____
4. Are there any off-site activities? Yes No
 If yes, please describe: _____
5. Are there any amusement rides, air inflatable structures, rock climbing walls, or children's play structures on the premises or brought on the premises temporarily? Yes No
 If yes, how many and what type: _____
6. Do you have any skate park or BMX operations on site? Yes No
7. Do you have child care facilities on site? Yes No
8. Does the facility subcontract out any of the following?
 Maintenance Concessions Security Janitorial
 If yes, is the facility named as additional insured? Yes No
9. Does the facility rent or repair sports equipment? Yes No
10. Is the named insured involved in the sale or distribution of any products? Yes No
 If yes, please describe: _____
11. Are staff members trained in CPR and first aid? Yes No
12. Does the facility have a defibrillator? Yes No
13. Describe medical and first aid facilities: _____
14. What is the minimum distance between any side line/end line and the closest wall/support pole/etc?
 Non Boarded Fields Only:
15. Are players required to wear protective equipment? Yes No

16. Is a log kept of all incidents/injuries that are reported? Yes No
17. Is there a system in place for obtaining certificates of insurance when applicable? Yes No
 If yes, who reviews the certificates collected and limit of Liability is requested? _____
18. Do you have written emergency procedures? Yes No
19. Are rules posted conspicuously and enforced at all times? Yes No
20. Are all participants/parents required to sign a Waiver and Release of Liability? Yes No
 If no, under what circumstances are waivers not required? _____
21. How often are waivers collected (initial visit, annually, start of each league, etc.)? _____
22. How long are waivers kept on file? _____
23. Are facility inspections (including restrooms, parking lots) done regularly? Yes No
24. Is a log kept of inspections and maintenance performed? Yes No
25. Is any part of the facility, other than the parking lot, accessible after hours? Yes No
26. Is the parking lot well-lighted and patrolled? Yes No
27. Do you have an employee manual? Yes No
28. Does the facility employ any licensed/certified personal trainers, physical therapists, or other professional staff (i.e., dieticians, nutritionists, chiropractors, massage therapists)? Yes No
29. Are any referees or coaches employees of the facility? Yes No
30. Are referees required to complete a training or recertification process? Yes No
31. Does the facility use a third-party referee assignor? Yes No
32. Are there construction operations on site? Yes No

VI. For Abuse & Molestation coverage, please complete the following section

1. Does the employment and volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No
2. Does the facility have any volunteers? Yes No
 If yes, in what capacity (score keepers, coaches, etc.)? _____
3. Do you routinely request and receive background investigations on the following?
 Employees? Yes No
 Volunteers? Yes No
4. Do you discuss (at staff/volunteer orientations) child/sexual abuse, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations? Yes No
5. Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities and media if you have an incident of abuse? Yes No
6. Have you had an incident which resulted in an allegation of physical or sexual abuse? Yes No
7. If yes, please describe the allegation in full: _____

VII. For Hired and Nonowned Auto Liability, please complete the following section

1. Does the facility have any company owned automobiles? _____
2. Do you allow employees to use their own personal vehicles for your business purposes? Yes No
 a. How many employees use their own personal vehicles? _____
 b. How often do they use their vehicles on company business? _____
 c. Do you obtain Motor Vehicle Reports? Yes No
 d. What auto limits do you require employees to carry? _____
3. Does your facility transport participants (for camp, leagues or other activities)? Yes No
4. What is the cost of hire for all hired & leased autos during the policy period? _____

VIII. For Employee Benefits Liability, please complete the following section

1. What types of Benefit Programs are offered to employees (i.e., Group Life, Group Health, 401K)? _____
2. Number of employees under Employee Benefit Program: _____

3. Are employees required to sign a form accepting or rejecting a benefit program? Yes No
4. Who discusses the benefit plans with the employees? _____

Please continue to the Fraud Warning and Signature Page

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): _____

Monument Sports Contact Information:

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