

### Professional Sports Insurance Application

#### Sections Included:

- I. General Liability
- II. Worker's Compensation
- III. Liquor Liability
- IV. Auto Liability
- V. Property
- VI. Inflatable Games Supplemental
- VII. Fireworks Supplemental

Note that other coverages such as Property, Umbrella & D&O are available.

#### GENERAL LIABILITY

#### APPLICANT INFORMATION

1. Named Insured:
2. Doing business as:
3. Insured is:  Corporation  Partnership  Joint Venture  Other (explain)
4. Address: \_\_\_\_\_  
(Street, City, State, Zip)
5. Mailing address: \_\_\_\_\_  
(Street, City, State, Zip)
6. E-mail address: \_\_\_\_\_ Website address: \_\_\_\_\_
7. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
8. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ FEIN #: \_\_\_\_\_
9. Effective Date: \_\_\_\_\_ Current Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_
10. Describe the operations of your business:
11. Please attach a list of all named insureds and a description of the operations of each named insured.
12. Stadium name and address: \_\_\_\_\_  
Is stadium owned?  Leased?

#### **PLEASE PROVIDE A COPY OF THE LEASE AGREEMENT IF STADIUM IS LEASED.**

13. How many camps will be conducted during the upcoming year?  
Avg # of participants per camp? \_\_\_\_\_ Avg # of days per camp? \_\_\_\_\_  
Are any of the camps overnight? \_\_\_\_\_ If yes, how many? \_\_\_\_\_  
How many clinics will be conducted during the upcoming year?  
Avg # of participants per clinic? \_\_\_\_\_
14. How many tryout days will be conducted during the upcoming season?  
Avg # of participants per day? \_\_\_\_\_

#### **PLEASE PROVIDE A COPY OF THE WAIVER SIGNED BY PARTICIPANTS/PARENTS.**

15. Will the team be hosting any ancillary events (non-game day events)? Yes No  
If yes, please describe \_\_\_\_\_
16. What is the estimated turnstile attendance for the upcoming season?  
What was the ACTUAL turnstile attendance for the prior season?  
What was the turnstile attendance for the past three years?  
# of home games scheduled for regular season? \_\_\_\_\_

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:

	<b>Team</b>	<b>Stadium/Facility</b>	<b>Other/Describe</b>
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

<b>Area</b>	<b>Non-skid Surface</b>		<b>Well lit</b>	
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:

<b>Payroll Information</b>	<b>Annual Payroll</b>	<b># of Part Time Employees</b>	<b># of Full Time Employees</b>
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**

<b>Name</b>	<b>DOB</b>	<b>% of Ownership</b>	<b>Duties</b>	<b>Title</b>	<b>Include in Coverage?</b>	<b>Annual Payroll</b>

**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 Signature

\_\_\_\_\_  
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 7<sup>th</sup> inning (baseball) or 3<sup>rd</sup> 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**

**OWNED OR LEASED OR VEHICLES**

If leased, what is the term of the lease?

**VIN:                                      Year:              Make:              Model:              Cost New:              Garaging location(city/st):**

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)

**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:

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)