

# SPORTS COMPLEX APPLICATION

Insureds Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Applicant is:  Owner  Tenant

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years under current management: \_\_\_\_\_

Type of facility: \_\_\_\_\_  Indoor  Outdoor

Area of facility: \_\_\_\_\_

List any entity that you are required by contract to name as an additional insured, include name and relationship: \_\_\_\_\_

(provide copy of contract)

Number of staff (total): Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Days and hours of operations: \_\_\_\_\_

Type of flooring: \_\_\_\_\_

Type of protection used to safeguard spectators: \_\_\_\_\_

## OPERATIONS/PROCEDURES

1. Are the rules posted and enforced at all times?  Yes  No

2. Are signs clearly posted to identify exits and hazards?  Yes  No

3. Do participants wear safety equipment at all times?  Yes  No

4. Are all participants required to sign an individual waiver and release form?  Yes  No

5. Is the insured a member of a sanctioning body?  Yes  No

If yes, provide names: \_\_\_\_\_

6. Are instructors employees of the insured?  Yes  No

If no, are they required to provide certificates of insurance with limits equal to yours and an additional insured status to you?  Yes  No

7. Are referees employees of the insured?  Yes  No

If no, are they required to provide certificates of insurance with limits equal to yours and an additional insured status to you?  Yes  No

8. Are parking lots well lit and/or patrolled?  Yes  No

9. Are there procedures in place to suspend outside play during inclement weather?  Yes  No

Describe: \_\_\_\_\_

10. Are crews prepared and on duty to clean up spills?  Yes  No

11. Are restrooms checked/cleaned during operations?  Yes  No

12. Are any attending medical professionals available on the premises?  Yes  No

**REVENUE SOURCES**

**SPORTS ACTIVITIES**

Sanctioned sports fees  Yes  No

Non-sanctioned sports fees  Yes  No

Bating cages  Yes  No

Parties  Yes  No

Camps/Clinics  Yes  No

Other:  Yes  No

TOTAL \_\_\_\_\_

**OTHER REVENUES**

Concessions\* \_\_\_\_\_

Vending \_\_\_\_\_

Liquor \_\_\_\_\_

Pro Shop\* \_\_\_\_\_

Arcade\* \_\_\_\_\_

Equipment Rental\* \_\_\_\_\_

(+provide rental income and copy of contract if sub-contracted)

TOTAL \_\_\_\_\_

Income \_\_\_\_\_

Certificates obtained?  Yes  No

Waiver/Release forms signed?  Yes  No

**LIQUOR**

1. Are alcoholic beverages sold?  Yes  No

2. License holder: \_\_\_\_\_  
Liquor license#: \_\_\_\_\_

3. Have you ever been fined or had your license revoked or suspended?  Yes  No

4. If yes, please explain: \_\_\_\_\_

5. Do all servers receive alcohol awareness training?  Yes  No

6. If yes, please describe training: \_\_\_\_\_

7. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No

8. Do you stop serving at least one hour prior to closing?  Yes  No

**SNACK BAR/RESTAURANT EXPOSURES**

1. Are all cooking surfaces properly fire protected?  Yes  No

2. What type of Automatic Extinguishing System (AES) is in place? \_\_\_\_\_

3. Do you have a contract for servicing and maintaining the automatic extinguishing system?  Yes  No

4. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually

5. How often are filters cleaned? \_\_\_\_\_

6. By whom? \_\_\_\_\_

7. How often are hoods/duct cleaned? \_\_\_\_\_

8. By whom? \_\_\_\_\_

13. Do you have a skate park operation that includes apparatuses?  Yes  No

14. Are certificates listing applicant as an additional insured obtained for tenants and/or subcontracted services?  Yes  No

(If yes, provide copies of contracts.)

List subcontractors or tenant's name \_\_\_\_\_

Operation \_\_\_\_\_

Date (MM/DD/YY)

Date (MM/DD/YY)

Producer's Name (print)

Applicant's Name (print)

Producer's Signature (if applicable)

Applicant's Signature

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.

- Please submit the following with completed application:
- Copy of waiver/lease forms and team rosters
- Five years (including current year) carrier loss runs
- Schedule of events/brochures
- Income/expense statement with balance sheet
- Sanctioning body/Lease agreement with facility
- Copy of lease agreement with landlord if applicable
- Copy of lease agreement with any tenant if applicable

Name \_\_\_\_\_  
 Birthdate \_\_\_\_\_  
 Driver's License \_\_\_\_\_  
 State \_\_\_\_\_

6. List of Drivers:

1. Do you have a Business Auto Policy for owned autos?  Yes  No
2. Do employees or volunteers routinely use their autos for company business?  Yes  No
3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto?  Yes  No
4. During the last three years have you leased, borrowed or hired any vehicles for your business?  Yes  No
5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) \_\_\_\_\_

NONOWNED/HIRED AUTO LIABILITY

Limits available  \$5,000  \$10,000  \$25,000  
 Deductible Options  \$250  \$500  \$1,000

Number of participants: Youth (up to 18): \_\_\_\_\_ Adult: \_\_\_\_\_  
 Participant Accident (Excess Medical Coverage)

2. Have you had or do you plan on scheduling any of the following activities?  
 Bungee operation  Yes  No  
 Events that have amusement devices present  Yes  No  
 Iron Man/Tough Man events  Yes  No

Co/Self-promoted

1. List all sporting activities that take place: \_\_\_\_\_