



## AMATEUR SPORTS FACILITY APPLICATION

### SUBMISSION REQUIREMENTS

- Complete ACORD Applications
- Photographs (Inside and Outside of Sports Facility)
- Brochure
- Copy of Applicant's Accident & Health Policy
- Currently valued insurance company loss runs for the current policy period plus 3 prior years
- Copy of Waiver of Liability Used

### ACCOUNT INFORMATION

Applicant Name:

Effective Date:

Annual Gross Revenues: \$

Months of Operation:

Accident / Medical Coverage Limits Carried ( Per Accident)

None	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000	\$1,000,000
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Are there procedures in place to verify that individuals and parents carry their own health insurance?

Yes No

If you do not have Accident & Medical coverage do you need a quote?

Yes No

### UNDERWRITING INFORMATION

#### General Information:

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant belong to any national, state, or local sports association?<br>If yes, please explain below.  | Yes | No |
| 2. Does use of the sports facility require eligibility requirements?  | Yes | No |
| 3. Does the Applicant or your staff trained/certified in CPR or first aid?  | Yes | No |
| 4. Does the Applicant require a completed waiver from all who use the sports facility?  | Yes | No |
| 5. Is parent's signature required for minors?   | Yes | No |
| 6. Does the Applicant have a written incident report procedure in place?  | Yes | No |
| 7. Does the Applicant keep a log of all incidents?  | Yes | No |
| 8. Does the Applicant have stated concussion protocol and/or guidelines?<br>If yes, please provide a copy.  | Yes | No |
| 9. Are coaches/trainers employees?  | Yes | No |
| 10. If no, do they furnish certificates of insurance?   | Yes | No |
| 11. Does the Applicant require a facility rental agreement?<br>If yes: Individuals Leagues Groups   | Yes | No |
| 12. By law, what is the maximum capacity of the facility:   |     |    |
| 13. Staff: Number of Full Time:                      Number of Part Time:   |     |    |
| 14. Staff: Number under 18 years old:                      18-25 years old:                      Over 25:   |     |    |
| 15. Does the Applicant maintain a full-time security staff?<br>If yes, number of personnel devoted to security:<br>If yes, is security staff:                      Employed                      Sub-contracted<br>If sub-contracted, do they furnish a certificate of insurance? | Yes | No |
|   | Yes | No |

- |     |  |   |     |    |
|-----|--|---|-----|----|
| 16. | Does the Applicant have equipment rentals?   |   | Yes | No |
|     | If yes, who operates the rental operation:   | Applicant                      Sub-contractor   |     |    |
|     | If Sub-contractor, do they furnish a certificate of insurance?   |   | Yes | No |
| 17. | Does the Applicant sponsor a team? If yes, explain:  |   | Yes | No |
|     | If yes, are they members of a sanctioned league?   |   | Yes | No |
|     | If yes, indicate sanctioning body:   |   |     |    |
| 18. | Is spectator seating provided by your facility?  |   | Yes | No |
|     | If yes, maximum seating capacity:  |   |     |    |
|     | If yes, type of seating:   | Permanent                      Portable   |     |    |
|     | If yes, type of seating:   | Wood                      Metal                      Concrete                      Other: |     |    |
|     | If yes, is there a barrier (net, glass, etc.) between Field and Seats?   |   | Yes | No |
|     | If yes, are non-slip surface treads used on all stairs?  |   | Yes | No |
| 19. | Does the Applicant have locker rooms?  |   | Yes | No |
|     | If yes, are the rooms monitored?   |   | Yes | No |
| 20. | Does the Applicant have shower rooms?  |   | Yes | No |
|     | If yes, are they open to the public?   |   | Yes | No |
|     | If yes, are non-slip surfaces used in the shower area?   |   | Yes | No |
| 21. | Are parking lots & curbs maintained (cleared) during winter storms?  |   | Yes | No |
|     | If yes, is it done by:   | Applicant                      Sub-contractor   |     |    |
| 22. | When a storm occurs, is there a procedure in place to remove ice and snow from roof immediately as to avoid roof collapse? If yes, please explain: |   | Yes | No |
| 23. | Does the Applicant operate a baby sitting service?   |   | Yes | No |
|     | If yes, what is the maximum amount of time child is supervised:  |   |     |    |
|     | If yes, what is the ratio of adults to children:   | to  |     |    |

**LIFE SAFETY:**

- |    |  |  |     |    |
|----|--|--|-----|----|
| 1. | Is exit emergency lighting provided?                           |  | Yes | No |
|    | If yes, how often is it inspected:                             |  |     |    |
| 2. | Are exit doors equipped with panic hardware?                   |  | Yes | No |
| 3. | Are exit doors ever chained or locked?                         |  | Yes | No |
| 4. | Is there a fire detection system (smoke/heat)?                 |  | Yes | No |
|    | If yes, describe:  |  |     |    |
|    | If yes, are there manual pull stations on premises?            |  | Yes | No |
| 5. | Are there written emergency evacuation plans?                  |  | Yes | No |
| 6. | Are employees familiar with appropriate evacuation procedures? |  | Yes | No |
| 7. | Is smoking permitted on premises? If yes, describe:            |  | Yes | No |

**FOOD AND BEVERAGES:**

- |    |   |  |     |    |
|----|---|--|-----|----|
| 1. | Does the Applicant operate a concession stand?  |  | Yes | No |
|    | If yes, is it self service?   |  | Yes | No |
|    | If yes, are there designated eating areas?  |  | Yes | No |
|    | If yes, cooking equipment is:   | Electric                      Gas                      Propane |     |    |
| 2. | Are there any grills and /or deep fryers on premises?   |  | Yes | No |
|    | If yes, are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? |  | Yes | No |
|    | If yes, how often is the system cleaned:  |  |     |    |
| 3. | List types of food / beverages sold:  |  |     |    |

**ABUSE & MOLESTATION**

**N/A**

1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
2. Does the Applicant's state permit you to do criminal background investigations? Yes No  
If yes, does the Applicant routinely request and receive such background investigations? Yes No
3. Does the Applicant verify employment-related references? Yes No
4. Does the Applicant conduct a personal interview? Yes No
5. Does the Applicant have written procedures for dealing with sexual abuse? Yes No  
If yes, please attach a copy.
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
7. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No  
If yes, please describe:
  - a) Was a claim made against the organization? Yes No
  - b) Was the case settled? Yes No
  - c) Was the case taken to trial? Yes No
  - d) How much money was paid as damages to victim: \$
8. Regarding coverage for Abuse & Molestation, does your current program:  
     Exclude Coverage  
     Limit Coverage ( please indicate limit) \$  
     Neither Exclude nor limit Coverage
9. Please indicate age range of clients: From:                      To:

**EXPOSURE INFORMATION**

**ITEMIZED RECEIPTS:**

Practice	\$	
Competition	\$	
Shows/Events	\$	
Parties	\$	
Pro Shop	\$	
Food	\$	
Beverages	\$	(Non-Alcohol)
	\$	(Alcohol)
Other	\$	(Describe Below)
<b>TOTAL</b>	<b>\$</b>	

**PERCENTAGE RENTAL:**

Youth League	%
Adult League	%
Non-League Rental	%
Other: (Describe below)	%

**Notes for this section:**

**NUMBER, TYPE, AND SIZE OF COURTS/PLAYING FIELDS:**

Number	Type	Length	X width	=	Sq. Ft.
Number	Type	Length	X width	=	Sq. Ft.
Number	Type	Length	X width	=	Sq. Ft.
Number	Type	Length	X width	=	Sq. Ft.

## FRAUD NOTICE STATEMENTS

**NOTICE TO APPLICANTS:** "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

**RESIDENTS OF LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**RESIDENTS OF NEW YORK APPLICANTS:** "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."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

Name (Please Print/Type)

Title  
**(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN  
CEO, OR EXECUTIVE DIRECTOR)**

Signature

Date

**Produced By: (Section to be completed by Producer/Broker)**

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

