



**AMATEUR SPORTS FACILITY
INSURANCE QUESTIONNAIRE**

- **NOTE: This questionnaire is to be submitted along with the following completed forms:**
 - **ACORD Applicant Information Section 125**
 - **ACORD Commercial General Liability Section 126**
 - **ACORD Applications for other requested coverages: Property; Garage; Crime; Inland Marine; Transportation; Excess Liability; Employment Related Practices.**

GENERAL INFORMATION

1.	Name of Insured (Applicant):			
2.	What is the insured's FEIN number?			
3.	What is the insured's website address?			
4.	Number of years in business?			
5.	Does the insured conduct any other operations under this name?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please explain:			
6.	Contact Person:			
7.	Telephone Number:		E-mail:	
8.	Person responsible for general operation of facility activities:			
	Years of experience and type of experience:			

UNDERWRITING INFORMATION

Activities Not Covered (without prior approval):

Bungee jumping, tackle football, fireworks, concerts, comedy shows, child care operations, rock climbing walls, zip lines, swimming pools/water attractions, skate parks, BMX operations, amusement devices, go karts or other motorized racing, carnivals/circuses/fairs, paint ball, laser tag, fitness centers, martial arts, boxing, wrestling, activities involving a half-pipe, children's play structures and inflatable amusement devices.

1.	Total Projected Annual Gross Receipts:	\$
	Admissions:	\$
	Concessions:	\$
	Retail:	\$
	League Fees:	\$
	Fitness:	\$
	Child Care:	\$
	Other (describe):	\$

2.	Number of Employees:	Full-time:	Part-time:	Total payroll: \$
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3. Please mark the boxes for those sports that apply and indicate annual number of participants (adult and youth) for each sport:

SPORT	NO. OF ADULT ATHLETES	NO. OF YOUTH ATHLETES	SPORT	NO. OF ADULT ATHLETES	NO. OF YOUTH ATHLETES
<input type="checkbox"/> Aerobics	_____	_____	<input type="checkbox"/> Ice Hockey	_____	_____
<input type="checkbox"/> Badminton	_____	_____	<input type="checkbox"/> Lacrosse	_____	_____
<input type="checkbox"/> Baseball	_____	_____	<input type="checkbox"/> Laser Tag	_____	_____
<input type="checkbox"/> Basketball	_____	_____	<input type="checkbox"/> Martial Arts	_____	_____
<input type="checkbox"/> Batting Cages	_____	_____	<input type="checkbox"/> Roller Hockey	_____	_____
<input type="checkbox"/> Boxing	_____	_____	<input type="checkbox"/> Soccer	_____	_____
<input type="checkbox"/> Cross Country Skiing	_____	_____	<input type="checkbox"/> Softball	_____	_____
<input type="checkbox"/> Dodgeball*	_____	_____	<input type="checkbox"/> Tennis	_____	_____
<input type="checkbox"/> Field Hockey	_____	_____	<input type="checkbox"/> Track	_____	_____
<input type="checkbox"/> Fitness/Health Club	_____	_____	<input type="checkbox"/> Volleyball	_____	_____
<input type="checkbox"/> Flag Football	_____	_____	<input type="checkbox"/> Weightlifting	_____	_____
<input type="checkbox"/> Floor Hockey	_____	_____	<input type="checkbox"/> Wrestling	_____	_____
<input type="checkbox"/> Golf	_____	_____	<input type="checkbox"/> Ultimate Frisbee	_____	_____
<input type="checkbox"/> Gymnastics	_____	_____	<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Horseback Riding	_____	_____	<input type="checkbox"/> Other	_____	_____

* Do dodgeball rules prohibit players from hitting above the shoulders? Yes No

4. Do you own or lease your facility? Own Lease

5. Do you rent your facility to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc.)? Yes No
 If yes, please explain: _____

6. Square Footage of Facility: _____

7. Is the facility rented for uses other than league games (birthday parties, banquets, etc.)? Yes No
If yes, please provide a copy of the facility use (rental) agreement.

8. Does your facility host its own leagues? Yes No

9. Does your facility host leagues that have separate sanctioning through another organization? Yes No
 Does the league provide a certificate of insurance to the facility naming them as additional insureds? Yes No
Please provide a copy of the rental agreement signed by sanctioned leagues.

10. Does your facility host events at locations other than the address listed above? Yes No
 If yes, please describe: _____

11. Are there any amusement rides, air inflatable structures, rock climbing walls, zip lines, children's play structures, etc. on premises or brought on premises temporarily? Yes No
 If yes, please describe: _____

12.	Are staff members trained in First Aid and CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Please describe medical and first aid facilities provided for competitors:	
14.	Does your facility subcontract out any of the following operations? <input type="checkbox"/> Janitorial <input type="checkbox"/> Concessions <input type="checkbox"/> Security <input type="checkbox"/> Facility Maintenance <i>If yes, are certificates of insurance naming the facility as an additional insured obtained?</i>	
15.	Is there a system in place for obtaining certificates of insurance where applicable? If yes, who reviews certificates on behalf of named insured? What is the minimum limit of general liability coverage requested from each subcontractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Do you have cooking surfaces on site? If yes, are cooking surfaces property protected from fire exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Is the named insured involved in the sale or distribution of any products? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Are there any special events planned at your facility during the coverage term (e.g. festivals, large tournaments, etc.)? Please explain: Estimated spectators for these events:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does your facility employ any licensed/certified personal trainers, physical therapists, or other professional staff (dietitians, nutritionists, chiropractors, massage therapists, etc.) in order to provide these services to your patrons? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Do you have child care facilities on site? If yes, do you do background checks on individuals providing child care services? Please explain the services offered and the procedures in place to protect the children while in your care:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are rules posted conspicuously and enforced at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Are participants required to wear safety equipment during play?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Are all participants required to sign a Waiver and Release of Liability? Please attach a copy. How long are they kept on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	When are waivers collected? <input type="checkbox"/> Annually <input type="checkbox"/> Upon initial visit to facility <input type="checkbox"/> Other Where are waivers stored?	
25.	Is a log kept of all incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Are the referees or coaches employees of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Are parking lots well lit and patrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Are facility inspections done regularly to detect potential hazards? <i>(including restrooms)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Is a log kept of inspections and maintenance performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Are written emergency/evacuation procedures in place? Please attach a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

31.	Do you have any skatepark or BMX operations on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32.	Does the facility rent or repair sports equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.	Are any portions of the facility, other than parking lots and lawn, accessible by the public after hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.	Are there construction operations on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the work subcontracted to a third party with additional insured certificates provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. ABUSE AND MOLESTATION

(Please complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote for Abuse and Molestation Coverage please skip this section and continue to the next section.)

1.	Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is abuse coverage desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do your employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what is the process for dealing with a "yes" answer?	
3.	(a) Does your state permit you to do criminal background checks on:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Employees?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No Volunteers?	
	(b) If yes, do you routinely request and receive such background information on all individuals who will have contact with minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	(a) Do you verify employment-related references for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Do you verify employment-related references for volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	(a) Do you conduct a personal interview for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) Do you conduct a personal interview for volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you have a written set of procedures for screening employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please forward. If no, please describe your screening process.	
7.	Do you have an Abuse / Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please indicate how it is transmitted to your employees/volunteers.	
8.	Do you have written procedures for dealing with allegations of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please forward. If no, please describe what your current response would be.	
9.	Describe how your organization supervises employees and volunteers having custody of children.	
10.	Describe specific policy regarding any overnight travel.	
11.	(a) Has your organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe your organization's response to the allegation.	

(b) Was a claim made against the organization or an individual within the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did the alleged incident(s) occur?	
(c) Was the case taken to trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Civil <input type="checkbox"/> Criminal
(d) What was the disposition of the case?	
12. Regarding coverage for abuse and molestation, does your current insurance program:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Exclude coverage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit coverage (please forward a copy of the endorsement)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Neither exclude or limit coverage?
13. Please indicate age range of minors in your care or under the supervision of your employees or volunteers at any time.	
14. Please describe your current and/or planned operations that involve the custodial care of minors.	

B. INFLATABLE COVERAGE

(Please complete this section if you need a quote for Inflatable Coverage. If you do not need a quote for Inflatable, please skip this section and continue to the next section.)

1. Please advise total number of inflatables:	
2. Provide detailed descriptions of the inflatable to be used (list name, description and, if possible, provide brochures, pictures or internet address):	
3. Who sets up the inflatable(s)?	<input type="checkbox"/> Rental Agency <input type="checkbox"/> Insured Organization (you)
4. Where will the inflatable(s) be set up?	
5. Is the inflatable(s) set up on flat ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Who inspects the inflatable to make sure that it is set-up correctly?	
<input type="checkbox"/> Rental Agency	<input type="checkbox"/> Insured Organization
7. Hours of operation:	
8. How many attendants at each ride?	
9. Are all attendants over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe:	
10. Describe attendant responsibilities:	
11. Who is the manufacturer(s) of the inflatable(s)? Obtain Name of Manufacturer from rental company if necessary:	
12. Does the rental company keep a maintenance or inspection log?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Explain the emergency plan in case of unplanned deflation:	

14.	Describe the plan for weather emergencies (e.g. rain and/or high winds): Explain method of communication from inflatable site should an emergency arise:	
15.	How are weight/age limitations enforced?	
16.	Are riders of similar size and ability grouped together on inflatable bounces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	With regard to inflatable rides that allow riders to participate one at a time, what is the guideline for letting the next participant go (e.g. large inflatable slides – one at a time participation):	
18.	Will the inflatable have permanently attached warning labels and safety instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does inflatable provider carry \$1m in GL insurance with an “A” rated carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Will the provider list your organization as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Will your employees/volunteers receive formal training on the safe operation of the ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Is there an emergency plan in place and included as part of your operator training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Is the ride picked up by the rental agency immediately after the rental event ends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Will a liability release waiver or rental contract be signed? If yes, please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	First aid available at the inflatable site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Injury/lost property disclaimer sign used at the inflatable site. If yes, please provide verbiage or photo of sign:	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Will the power be provided by a generator on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Has your organization had any incidents/claims relating to the use of inflatable? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT INFORMATION – PLEASE NOTE:

By providing this information regarding inflatable and signing this application for insurance coverage, I agree to:

- Follow the manufacturer recommendations regarding the proper site layout, inflation procedures, ropes, tethers, tie-downs, anchors, and use temperature range, maximum number of riders, size of riders, electrical codes, daily operation, daily inspection, washing, repair, drying, storage, supervision requirements and warning signage.
- Not to inflate or allow to inflate rides in high winds or rain
- Use rides in high winds or rain
- Have ride attendants trained on evacuation procedures.
- Make sure to keep people away from the electric blower at all times.
- Follow manufacturer recommendations regarding ride cycle time.
- Inspect the ride (or have the rental agency inspect the ride) prior to each use.
- Use all manufacturer tie-downs
- Advise participants not to participate if they have a current or previous back or neck injury, if they are pregnant, if they are subject to respiratory problems (e.g. asthma or bronchitis), heart or circulatory conditions, recently had surgeries

