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 Toll Free: 800-844-0536  
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 www.sportsfitness.com

## BASEBALL/SOFTBALL TRAINING FACILITY PROGRAM QUESTIONNAIRE

The baseball and softball training facility program is designed to cover sports facilities that provide baseball and/or softball training and instruction, including the use of batting cages. Coverage is also included for related activities such as camps/clinics, teams/leagues, group rentals and concessions.

### POLICY INFORMATION

Policyholder Name:			
Policyholder DBA:			
Policyholder Mailing Address:			
Policyholder Mailing	City:	State:	Zip:
Desired Policy Effective Date:			
Contact Name:			
E-mail Address:			
Phone Number:			
Form of Organization:			
Website: (if applicable)			

### UNDERWRITING INFORMATION

Does management have a minimum of 3 years' experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility had more than \$7,500 in claims within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are signed waivers required for all participants, including adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are staff members trained in First Aid and CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your facility operate any teams or leagues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are signed waivers required for all participants, including adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your facility operate any camps or clinics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, are signed waivers required for all participants, including adults?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are facility inspections done regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a log kept of inspections and maintenance performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a written emergency plan (weather, fire, medical) and evacuation procedure in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a facility rental agreement in place for any outside groups using the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have pitching machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there at least one attendant present at batting cages at all times during operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pitching machines properly calibrated per manufacturer's specifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are only manufacturer approved balls used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is safety, warning and instruction signage posted in clear view at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there only one participant per batting cage permitted at one time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are participants required to wear batting helmets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are cages completely enclosed and free from holes or breaks in the netting or chain link?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pitching machines set at maximum speed of 80 miles per hour for 12 years old and above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are pitching machines set at maximum speed of 65 miles per hour for under 12 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are home plates clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any amusement devices including inflatable structures, rock climbing walls, zip lines, children's play structures, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your facility employ any licensed certified personal trainers, physical therapists, or other professional staff (dietitians, nutritionists, chiropractors, massage therapists, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any overnight lock-ins or events held at the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UNDERWRITING INFORMATION continued**

How many teams do they have for each age group?

T-ball?	8 & under?	9-10?	11-12?	13-14?	15-16?	17-18?
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**LOCATION INFORMATION (Please complete below for each location)**

Location Name:

Address:

City

State:

Zip:

County

Estimated Annual Revenue for this location:

Number of Batting Cages for this location

**COVERAGE ENHANCEMENTS**

Would you like to add Abuse and Molestation coverage with a limit of \$100,000?

 Yes  No

-Does your staff (paid and volunteer) employment application include questions about whether the Individual has ever been convicted of any crime, including sex-related or child abuse related offenses?

 Yes  No

-Do you routinely conduct background checks on all employees and volunteers working with youth?

 Yes  No

-Do you have written procedures for dealing with abuse?

 Yes  No

-Do you have procedures in place to prevent situations where participants are alone with an individual staff member?

 Yes  No

-Have you ever had an incident which resulted in an allegation of sexual abuse?

 Yes  No

**NOTICE: The Abuse and Molestation coverage provided via the FastCov program includes coverage for indemnity and defense. However, expenses to investigate and defend an allegation of abuse are contained within the limit of insurance and are not provided in addition to the limit. Please check the box to acknowledge that you have read and understand this notice.**

 I Agree

Would you like a quote for optional Inland Marine Coverage?

 Yes  No

Are all doors kept locked and secured?

 Yes  No

Please Note: MGE, banks, landlords, and insurance company all require that you insure to 100% Replacement Cost value of all contents and equipment.

Do you own your building, or are you required to insure your building as part of your lease agreement?

 Yes  No

Does your landlord/lease agreement require you to carry coverage for plate glass?

 Yes  No

Please enter the desired limit for your location(s), up to a maximum limit of \$150,000.

Location	Limit

Would you like to add Non-Owned and Hired Automobile coverage?

 Yes  No

-Do you have any owned automobiles that are used in your business?

 Yes  No

-Are all drivers (employees and volunteers) over the age of 18?

 Yes  No

-Do you obtain MVRs for employees and volunteers who drive on your behalf?

 Yes  No

-Will you be providing any transportation for participants?

 Yes  No

**NOTICE: the Non-Owned and Hired Automobile Liability coverage provided via the FastCov program DOES NOT INCLUDE COVERAGE for transportation of athletic participants. Please check the box to acknowledge that you have read and understand this notice.**

 I Agree

-Do you confirm that all drivers (employees and volunteers) carry personal automobile liability insurance?

 Yes  No

-Number of employees and/or volunteers who will be driving either hired or non-owned autos on your behalf?

-How much will you spend during the policy period for hired or leased vehicles?

**FRAUD NOTICE**

“Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.”

Please check this box to confirm that you have read and agree to our fraud notice.

I hereby represent and confirm that I have read all of the questions and answers contained herein and that, to the best of my knowledge, the information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured or Authorized Representative

\_\_\_\_\_  
Title

Send completed form to:

**Sports & Fitness Insurance Corporation**  
**Phone: (800) 844-0536**  
**Fax: (601) 707-1037**  
**E-mail: [submissions@sportsfitness.com](mailto:submissions@sportsfitness.com)**