



(PLEASE TYPE OR PRINT IN BLACK INK. USE REVERSE SIDE OR ADDITIONAL PAGES, IF NECESSARY, FOR EACH SECTION)

Property General Liability Abuse and Molestation Submission Date: _____

PROPOSED INSURED'S INFORMATION

Name: _____
Location Address: _____
City: _____ State _____ ZIP _____
Telephone Number: _____ FAX _____ Email: _____
Mailing Address (if different): _____
City: _____ State _____ ZIP _____
Requested Policy Period: From: _____ To: _____ Website: _____
Years in Business: _____ Years Experience: _____

PRODUCER INFORMATION

Producer Name: _____ Producer Name (if known): _____
Contact Person: _____
Street Address: _____
City: _____ State _____ ZIP _____
Telephone Number: _____ FAX _____
Email Address: _____ Web Address: _____
Are you properly licensed in the risk state? Yes No
P/C Resident/Non-Resident License: Yes No Surplus Lines License # (if available): _____

PROPERTY SECTION

ALL PROPERTY COVERAGE IS SUBJECT TO SPECIAL FORM, REPLACEMENT COST, 100% CO-INSURANCE AND A \$1,000 PER CLAIM DEDUCTIBLE.

Check if applicable to your premises: Sprinkler System Central Station Fire Alarm Local Fire Alarm
 Central Station Burglar Alarm Local Burglar Alarm Video Surveillance Construction: _____
Distance to Fire Hydrant: _____ Age of Building: _____ Other Tenants: _____
Year of Last Upgrade for: Electrical: _____ Plumbing: _____ Roof: _____ HVAC: _____
Is there any cooking done on premises? Yes No If Yes, explain: _____

Limit Selection

		Optional Limit
Building (real property)	\$ _____	
Contents (equipment, furniture and fixtures, stock and goods held for sale)....	\$ _____	
Loss of Business Income (caused by an insured Peril)	\$ _____	\$ _____
Personal Property of Others.....	\$ _____	
Signs (not attached to the building).....	\$ _____	
Awnings.....	\$ _____	
Employee Theft	\$ _____	\$ _____
Robbery and Safe Burglary.....	\$ _____	
Other _____	\$ _____	
Loss Payee(s): _____		

GENERAL LIABILITY SECTION

Type of Group: Team Club Association League Not-for-Profit Other _____

Limits Requested

General Liability Limit Occurrence \$ _____ General Liability Limit Aggregate \$ _____

(Including Participant and Spectator Liability)

Medical Payments: \$ _____

Experience: If no prior coverage, check here.

Name of Present Ins. Co.: _____ Policy Number: _____ X-Date: _____

(Attach a copy of current contract, if available.)

Premium/Loss History: Please attach detailed premium and loss runs. Provide at least five years' history.

If premium and loss runs are not available, complete the chart below.

Terms	Earned Premium	Incurred Losses	Number of Losses

Total number of pitching machines at this premise: _____

Square Footage of Facility: _____

Does the facility have a weight room? Yes No Is anybody allowed to use the weight room? Yes No

Is a strength and conditioning program offered? Yes No Operated by a third party? Yes No

Is a separate waiver required? Yes No Is there a hold harmless in place? Yes No

Estimated gross annual receipts for Pro Shop Only: \$ _____

Estimated annual total number of campers for camps and clinics: _____

Total annual gross receipts (estimated for the upcoming year) for the entire operation? _____

CAMPS, CLINICS, TEAMS AND LEAGUES SECTION

Do you hold camps/clinic away from premises? (if NO, skip to next section) Yes No

If yes, how many, location, # of participants by age _____

Are any of the camps overnight? Yes No

If yes, give length of time, location, # of participants by age, # of chaperones _____

Who is responsible for maintaining the fields/facilities? _____

Are the fields/facilities inspected prior to play? _____

Does the facility contain bleachers? Yes No

Permanent or Portable? _____

If permanent, when were they installed? _____

Are they inspected regularly? _____

What is the construction of the bleachers? _____

Is alcohol permitted in the spectator area? Yes No

Does the organization and/or venue require emergency personnel on site at each event? Yes No

Does the league have written regulations with regard to roster size? Yes No

Does the league have written age/weight requirements? Yes No

If so, please provide copies.

Does the league impose written regulations with regard to alcohol and drugs? Yes No

Does the association impose a code of conduct for the coaches? Yes No

If so, please attach a copy.

Are coaches paid or volunteer? _____

Does the league have a written policy with regard to the hiring of coaches? Yes No
If so, please provide a copy.

Is the league co-ed? Yes No

Does the insured require waiver/release forms prior to play? Yes No

Will guardians sign the waiver/release forms? Yes No

Are spikes or cleats permitted? Yes No

Estimate the total number of campers and clinic attendees annually: _____

Additional Insured(s): _____

Send the following information with this application:

A. Resume on all Owners and Managers

B. Send a copy of the *Insurance Requirements Section* of your Lease, Franchise Agreement or any other Signed Contract

SEXUAL ABUSE & MOLESTATION SECTION (OPTIONAL COVERAGE)

Do you have and enforce written standards regarding Sexual Abuse & Molestation: *(mandatory requirement)*
If yes, you must attach copies of all written material that pertains to this exposure. Yes No

Does the employment application for your paid staff and volunteer include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No

Does your state permit you to do criminal background investigations on prospective employees and/or volunteers? Yes No
 If yes, do you routinely request and receive such background investigations? Yes No

How do you verify employment and/or volunteer related reference? In Person By Telephone Do not verify

Do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her at your staff orientation? Yes No
 Do you document it? Yes No

Do you have a plan of supervision that monitors staff including volunteers in day-to-day relationships with the children? Yes No

Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? Yes No

Have you ever had an incident which resulted in an allegation of sexual abuse or molestation? Yes No
 If yes, please describe: _____

Was a claim made against you? Yes No

Was the case settled? Yes No

Taken to trial? Yes No

How much money was paid as damages to the victim? _____

Do you currently have a policy for Sexual Abuse Liability? Yes No
 If so, what is the Retroactive Date on the Policy? _____

Please read the following statement carefully and sign below where indicated. If a policy is issued, this signed statement will be attached to the policy.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT ACKNOWLEDGES THAT HE/SHE IS AWARE THAT THE LIMIT OF LIABILITY CONTAINED IN THIS POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE COSTS OF LEGAL DEFENSE OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT SUCH EXCEEDS THE LIMIT OF LIABILITY OF THIS POLICY.

APPLICANT

The undersigned authorized officer of the Applicant hereby further acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed *(Must be signed by an officer or owner)* _____
Date

Title _____
Witness

Producer _____
License Number

SUB PRODUCER

Agency: _____
Contact Person: _____
Address: _____
City: _____ State _____ ZIP _____
Telephone Number: _____ FAX _____
Email Address: _____ Web Address: _____

Are you properly licensed in the risk state? Yes No
P/C Resident/Non-Resident License: Yes No Surplus Lines License # (if available): _____

FRAUD WARNINGS

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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO 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 AUTHORITIES

NOTICE TO 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.

NOTICE TO FLORIDA 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 IN THE THIRD DEGREE.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

NOTICE TO 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.

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

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO 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.

NOTICE TO TENNESSEE AND 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.