



(All policy communication such as renewal notifications, certificates of insurance, and policy documents will be handled via email. Please make sure we have a valid email address. Multiple Locations must complete a separate application for each location.)

SECTION I - LICENSED AGENT OR BROKER INFORMATION: *(Please skip this section if you are not working with an agent or broker.)*

Agent#: _____ Name: _____
Contact Name: _____ License Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____

SECTION II - GENERAL INFORMATION: IF NEW FACILITY, PLEASE INDICATE OPENING DATE: _____

Named Insured: _____ DBA: _____
Business Type: Corporation Individual LLC Partnership Other: _____
Facility Type: Multi-Sport Facility Baseball Facility Team or League with No Facility Other: (Please describe) _____
Owner's Name: _____ Email: _____
Business Mailing Address: _____
City: _____ State: _____ Zip: _____ County/Parrish: _____
Property Address (if different): _____
City: _____ State: _____ Zip: _____ County/Parrish: _____
Phone(required): _____ Fax: _____ Web Site: _____
SSN: _____ FEIN: _____
Describe Business Operations: _____
Year the business started: _____ Number of years of experience of current management: _____
(If this is a new venture, please attach resume(s) of owner and primary manager.)
Do you own or rent the facility? Own Rent
If renting, Landlord Name: _____
Landlord Mailing Address: _____
City: _____ State: _____ Zip: _____ County/Parrish: _____
Do you sublease or rent space to others? Yes No If Yes, how many square feet? _____
If yes, to whom and what is the purpose: _____
Do you engage in any other operations as the Named Insured above? Yes No
If yes, explain: _____
Is applicant a subsidiary of another entity or does the applicant have any subsidiaries? Yes No
How did you hear about Sports & Fitness Insurance? _____

SECTION III - COMMERCIAL GENERAL LIABILITY INSURANCE INFORMATION

Liability limit: \$500,000 occurrence/\$1,000,000 aggregate \$1,000,000 occurrence/\$2,000,000 aggregate
 \$1,000,000 occurrence/\$3,000,000 aggregate
Do you own any vehicles in your business? Yes No
If so, do you have a business auto policy in place? Yes No
Would you like a quote for Hired and Non-Owned Auto Coverage? Yes No
(If yes, please complete Hired & Non-Owned Auto Supplemental Application available on our website)
Is your facility part of a franchise group? Yes No If yes, what group: _____
Is facility currently insured? Yes No Annual Premium: _____ Exp. Date: _____
Insurance Company Name: _____
Have you ever been cancelled, non-renewed, or denied insurance on a liability policy? Yes No

If Yes, explain: _____

Do you perform any of these services or activities at your facility? Yes No

(Any aerial activities, Medical or Health Care Services, Nutritionists who provide prescriptions, medical advice, and Sports Skills Instruction)

If Yes, explain: _____

SECTION IV - MANDATORY FINANCIAL INFORMATION (If this is a new business, please provide projections.)

Total Annual Gross Sales: \$ _____ (This amount should include all of the money below.)

Annual Gross Sales From: Admissions: \$ _____ Concessions: \$ _____ Retail: \$ _____

League Fees: \$ _____ Fitness: \$ _____ Rental from Leased Space: \$ _____

Lessons: \$ _____ Other: \$ _____

SECTION V - EMPLOYEE/CONTRACTOR INFORMATION

Total number of employees: Full-time: _____ Part-time: _____ Contractors: _____ Volunteers: _____

Are the referees or coaches employees of the facility? Yes No

Do you require all independent contractors to carry their own insurance? Yes No

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?

Yes No If Yes, please explain. _____

SECTION VI - UNDERWRITING INFORMATION

PLEASE PROVIDE NUMBER OF PARTICIPANTS FOR EACH SPORT.

Sport	AGE 12 & UNDER	AGE 13 - 15	AGE 16 - 18	AGE 19 & OVER
Badminton	_____	_____	_____	_____
Baseball	_____	_____	_____	_____
Basketball	_____	_____	_____	_____
Cricket	_____	_____	_____	_____
Cross Country	_____	_____	_____	_____
Field Hockey	_____	_____	_____	_____
Flag/Touch Football	_____	_____	_____	_____
Golf	_____	_____	_____	_____
Handball	_____	_____	_____	_____
Lacrosse	_____	_____	_____	_____
Pickle ball	_____	_____	_____	_____
Soccer	_____	_____	_____	_____
Softball	_____	_____	_____	_____
Squash/Racquetball	_____	_____	_____	_____
Street Hockey (No Skates)	_____	_____	_____	_____
T Ball	_____	_____	_____	_____
Tennis	_____	_____	_____	_____
Track	_____	_____	_____	_____
Volleyball	_____	_____	_____	_____
Water Polo	_____	_____	_____	_____
Weightlifting	_____	_____	_____	_____
Wrestling	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

Total number of participants visits per year for all sports _____

SECTION VII - LIABILITY OPERATIONS/EXPOSURE INFORMATION

Square Footage of Facility _____ Does your facility host its own in-house teams? Yes No

If yes, does each team have insurance for tournaments? Yes No

Does your facility host its own in-house leagues? Yes No In-house teams are made up of only participants at the facility playing each other at the facility.

Does your facility host teams and/or leagues that have separate sanctioning through another organization? Yes No

Do the teams and/or leagues provide a certificate of insurance to the facility naming the facility

as additional insureds? Yes No

Please note that outside teams and leagues must name the facility as additional insured on a primary and non-contributory basis with limits not less than \$1,000,000 per occurrence. Please provide a copy of the rental agreement signed by sanctioned teams and/or leagues.

Is the facility rented for uses other than team and/or league games (birthday parties, banquets, etc.)? Yes No

If yes, please provide a copy of the facility use (rental) agreement.

Does your facility host events at locations other than the address listed above? Yes No

If yes, please describe: _____

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

Please describe medical and first aid facilities provided for competitors. _____

Do you have Automatic External Defibrillators (AEDs) on site? Yes No How many AEDs at each location? _____

Are employees at each location are trained to operate an AED? Yes No If so, how many? _____

Was full CPR training included with the AED training? Yes No

Do you have showers in your facility? Yes No

Do you have non-slip surfaces in ALL wet areas? Yes No

Do you have a daily cleaning schedule? Yes No

Does your facility subcontract out any Janitorial Concessions Security Facility Maintenance? Yes No

If yes, are certificates of insurance naming the facility as an additional insured obtained? Yes No

Do you have cooking surfaces on site? Yes No

If yes, are cooking surfaces property protected from fire exposures? Yes No If no, please explain: _____

Do you sell alcoholic beverages? Yes No Do you have a liquor license? Yes No (If yes, attach liquor supplemental application. Available on our website.)

Do you operate an unstaffed club, key club or 24/7 access club? Yes No (A Key Club is a facility that is accessible 24 hours a day via key or access card, with no supervision. Please attach supplemental application for Unstaffed Access. Available on our website.)

Is the named insured involved in the sale or distribution of any products? Yes No If yes, please describe: _____

Are there any special events planned at your facility during the coverage term (e.g. festivals, large tournaments, etc.)?

Yes No If yes, please explain: _____

Estimated spectators for these events: _____

Please describe protection used to safeguard spectators: _____

If you suspect a participant has a concussion, do you have an action plan that includes:

Immediately removing the participant from play or practice: Yes No

Keeping the participant out of play or practice until they provide written clearance from a licensed physician:

Yes No

Are rules posted conspicuously and enforced at all times? Yes No

Are participants required to wear safety equipment during play? Yes No

Are all participants required to sign a Waiver and Release of Liability? Yes No

When are waivers collected? Annually Upon initial visit to facility Other (Describe) _____

Please indicate the number of each of the following:

Jacuzzis: _____ Saunas: _____ Steam Rooms: _____

Tanning Units: _____ Pools: _____ (Attach supplemental applications for Tanning Booth and Swimming Pool exposures. Available on our website.)
 Boxing Rings or Octagons: _____ (Cardio-kickboxing only - no full contact boxing)
 Courts/Tracks: _____ (What type: _____)
 Climbing Walls: _____ (Height: _____ Indoor Outdoor)
 Obstacle Course: _____ (Height: _____ Indoor Outdoor)
 Batting Cages: _____ Rebounders: _____ (Full size trampolines are excluded)
 Pieces of Fitness equipment: _____ (count everything except free weights, steps, and mats)
 Manufacturer(s) of equipment: _____
 Age of equipment: _____
 Do you use "home made" or "modified" equipment? Yes No
 Are parking lots well lit? Yes No Patrolled? Yes No
 Are facility inspections done regularly to detect potential hazards? (including restrooms) Yes No
 Is a log kept of inspections and maintenance performed? Yes No
 Does an outside vendor perform your equipment maintenance? Yes No If yes, who: _____
 Is your equipment and building in good repair and maintained? Yes No If no, explain: _____

 Are written emergency/evacuation procedures in place? Yes No Please attach a copy.
 Do you have any skate park or BMX operations on site? Yes No
 Does the facility rent or repair sports equipment? Yes No
 Are any portions of the facility, other than parking lots and lawn, accessible by the public after hours? Yes No

SECTION VIII - SEXUAL ABUSE & MOLESTATION COVERAGE INFORMATION

Is sexual abuse coverage desired? Yes No
 Do you conduct criminal background checks on Employees? Yes No Volunteers? Yes No N/A
 Do you have written guidelines in place for preventing minors from being left alone with adults? Yes No
 Do you provide childcare? Yes No If Yes, Staff to Child to Staff Ratio: _____
 What is the maximum hours allowed to stay? _____
 Do you have outdoor playgrounds for children? Yes No
 Do you have a licensed daycare facility? Yes No
 Do you offer summer camps, day camps or parties? Yes No (If yes, attach day camp supplemental application from our website.)
 Do you offer after school programs for children? Yes No (If yes, attach after school supplemental application from our website.)
 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? Yes No
 If yes, what is the process for dealing with a "yes" answer? _____

 Do you have written procedures for dealing with allegations of sexual abuse? Yes No If yes, please forward. If no, please describe what your current response would be. _____

 Describe how your organization supervises employees and volunteers having custody of children. _____

 Do you have any over-night travel? Yes No Describe specific policy regarding any overnight travel: _____

 Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe your organization's response to the allegation. _____

 Was a claim made against the organization or an individual within the organization? Yes No
 When did the alleged incident(s) occur? _____

Was the case taken to trial? Civil Yes No Criminal Yes No

What was the outcome of the case? _____

Does your current insurance program include coverage for abuse & molestation? Yes No

Limit coverage (please forward a copy of the endorsement)? Yes No

Neither exclude or limit coverage? Yes No

Please indicate age range of minors in your care or under the supervision of your employees or volunteers at anytime. _____

SECTION IX - MARTIAL ARTS (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Name the style you teach: _____ Federation or Association: _____

Level of contact: Light Full None

Belt rank of owner/primary instructor: _____ Number years teaching experience: _____

Number of Active Students: _____ Ratio of instructors to students: _____ Age range of students: _____

Do you participate in tournament(s)? Yes No

Do you sponsor tournaments? Yes No (Please call for Special Event coverage if hosting a tournament off premise.)

Do you practice sparring? **(Please attach sparring regulations)** Yes No

Do you do off-premise demonstration? Yes No

Do you offer kick boxing? (Only cardio boxing is covered) Yes No

Do you have weapons training? (Only padded or fake weapons are eligible) Yes No

If yes, explain: _____

What other type of equipment is used on premise? _____

Martial Arts Underwriting Requirements:

1. All participants in sparring or contact drills must wear protective gear which is usual and customary for the style.
2. Usual protective gear would be mouthpiece, head gear, groin cup, chest protector, shin guards, hand and foot pads.
3. A hold harmless agreement must be kept on file for each student.
4. Each student should receive a copy of the sparring rules.
5. Sparring guidelines must be submitted with application if applicable. Full contact is not allowed.

SECTION X - GENERAL PROPERTY INFORMATION - THIS INCLUDES COVERAGE FOR DAMAGE TO PHYSICAL PROPERTY, INCLUDING EQUIPMENT AND CONTENTS FROM HAZARDS SUCH AS FIRE AND THEFT.

(IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Construction Type: Frame (ISO 1) Joisted Masonry (ISO 2) Light Noncombustible (ISO 3)

Masonry Noncombustible (ISO 4) Modified Fire Resistive (ISO 5) Fire Resistive (ISO 6)

Roof Construction Type: Shingles Metal Concrete Other _____

If known, what is the Fire Protection Class? _____

How many stories are in the building? _____

Is there a Basement in the building? Yes No In what year was the building built? _____

What is the Total Size of the building (sq/ft)? _____ How much of the building do you occupy (sq/ft)? _____

What other occupancies are in the building? _____

Do you have a fence? Yes No If yes, is it Wooden or Metal Value of fence: \$ _____

Do you have a sign? Yes No If yes, is the sign attached? Yes No Value of sign: \$ _____

If building is over 25 years old, give year of the update for the:

Roof: _____ Wiring: _____ Plumbing: _____ Heating: _____

Is the building vacant? Yes No If yes, what percent of it is? _____

Do you have a burglar alarm? Central Station With Keys None

a. If yes, alarm was installed by _____ b. If yes, alarm is serviced by: _____

Is there a safe on premises? Yes No

Do you have fire protection? Standpipes CO2/Halon None

Do you have sprinklers? Yes No If yes, what percentage of your space is sprinklered? _____

Do you have a fire alarm? Central Station Local Gong None

Describe the type of structure or business that exists around your building and the distance to it:

- a. Right Side (Exposure) : _____ Distance: _____
- b. Left Side (Exposure) : _____ Distance: _____
- c. Rear (Exposure) : _____ Distance: _____

How far in miles is the closest fire station _____ and the closest fire hydrant _____ in relation to the building?

Does the closest fire station have a tanker truck? Yes No

Does the facility currently carry property insurance? Yes No Annual Premium: _____

Exp. Date: _____ Insurance Company Name: _____

SECTION XI - PROPERTY INSURANCE INFORMATION (IF DOES NOT APPLY SKIP TO NEXT APPLICABLE SECTION) N/A

Proposed Effective Date: _____ Proposed Expiration Date: _____

YOU MUST COMPLETE ALL OF THE FOLLOWING SECTIONS - ENTER ZERO IF NONE APPLIES

SUBJECT OF INSURANCE	AMOUNT	DEDUCT	COINS	PERILS, FORMS & CONDITIONS TO APPLY
Building Coverage <i>(Skip if you don't own)</i>	\$	\$1,000	90%	Special Form with Theft / Replacement Cost
Business Personal Property <i>(Contents & Stocks includes Mirrors)</i>	\$	\$1,000	90%	
Tenant Improvements	\$	\$1,000	90%	
Sign	\$	\$1,000	90%	
Glass (Tenant) <i>(Windows, Plate Glass, etc.)</i>	\$	\$1,000	90%	
Fence	\$	\$1,000	90%	
Business Income with extra expense	\$	72 hours		
Rental Income- <i>This is rental income from tenants or instructors who rent space from you.</i>	\$	\$1,000		

Choices of Business Income Indemnity: *Requires a 72 hour wait and business income maximum is 12 months.*

Does rental income need to be included in the business income? Yes No

Indemnity: 3 months 4 months 6 months 12 months

SECTION XIII - GENERAL LIABILITY AND PROPERTY CLAIM / LOSS INFORMATION

Have you had any claims in the past 3 years on a liability or property policy? Yes No

If yes, enter all losses for prior 3 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.

Date of Loss	Type of Loss	Description <i>(Describe what corrective Measures if applicable)</i>	Amount Paid \$	Amount of Reserves \$

SECTION XIV - ADDITIONAL INSURED

Name and Address	Interests
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:

SECTION XII - GENERAL LIABILITY AND PROPERTY CLAIM / LOSS INFORMATION

Have you had any claims in the past 3 years on a liability or property policy? Yes No

If yes, enter all losses for prior 3 years, annual aggregates for each line of insurance may be entered in the description if preferable (if aggregates provided, indicate # of claims); explain all claims exceeding \$5,000.

Date of Loss	Type of Loss	Description (Describe what corrective Measures if applicable)	Amount Paid \$	Amount of Reserves \$

SECTION XIII - ADDITIONAL INSURED

Name and Address	Interests
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:
Name: Address: City, State and Zip:	<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage <input type="checkbox"/> Other Please Specify:

SECTION XIV - DISCLAIMER

THIS POLICY DOES NOT COVER CLAIMS ARISING OUT OF THE RECOMMENDATION, SELLING, PROMOTION, MANUFACTURING, AND/OR TESTING OF VITAMINS, HERBS, NUTRITIONAL AND/OR DIET SUPPLEMENTS.

No application will be accepted unless signed by the applicant.

The applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading information concerning fact thereto, commits a fraudulent insurance act, which is a crime.

Signature of Applicant

Date

Signature of Agent (if applicable)

Date

Additional coverages are available: Please check the applicable box and an applications will be sent to you.

Umbrella or Excess Liability Workers Compensation Flood Surety Bond EPLI Cyber Liability

Submission Requirements

- 1. Waiver/Hold Harmless Agreement
- 2. Membership/Client/Student Contract
- 3. Loss History for past 3 years
- 4. Resume of Owner for new venture
- 5. Martial Arts Sparring Rules