



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

Name of Insured (Applicant): _____
 What is the insured's FEIN number?: _____
 What is the insured's website address? _____
 Number of years in business? _____
 Does the insured conduct any other operations under this name? Yes No
 If yes, explain: _____
 Contact Person: _____
 Telephone Number: _____ Email: _____
 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.

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

Number of Employees: _____ Full-time: _____ Part-time: _____ Total Payroll: \$ _____

Please mark the boxes for those sports that apply and indicate annual number of participants (adult and youth) for each sport:

Sport	No. of Adults Athletes	No. of Youth Athletes	Sport	No. of Adults 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	_____	_____

Sport	No. of Adults Athletes	No. of Youth Athletes	Sport	No. of Adults Athletes	No. of Youth Athletes
<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

Do you own or lease your facility? Own Lease

Do you rent your facility to any other commercial operations (e.g. pro shop, sports organization, concessionaires,etc.)?

Yes No

If yes, please explain: _____

Square Footage of Facility: _____

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.

Does your facility host its own leagues? Yes No

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.

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 premises or brought on premises temporarily? Yes No

If yes, please describe: _____

Are staff members trained in First Aid and CPR? Yes No

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

Does your facility subcontract out any of the following operations?

Janitorial Concessions Security Facility Maintenance

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

Is there a system in place for obtaining certificates of insurance where applicable? Yes No

If yes, who reviews certificates on behalf of named insured? _____

What is the minimum limit of general liability coverage requested from each subcontractor? _____

Do you have cooking surfaces on site? Yes No

If yes, are cooking surfaces property protected from fire exposures? Yes No

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

Please explain: _____

Estimated spectators for these events: _____

Does your facility employ any licensed/certified personal trainers, physical therapists, or other professional staff(dieticians, nutritionists, chiropractors, massage therapists, etc.) in order to provide these services to your patrons? Yes No

If yes, please explain: _____

Do you have child care facilities on site? Yes No

If yes, do you do background checks on individuals providing child care services? Yes No

Please explain the services offered and the procedures in place to protect the children while in your care: _____

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? *Please attach a copy.* Yes No

How long are they kept on file? _____

When are waivers collected? Annually Upon initial visit to facility Other

Where are waivers stored? _____

Is a log kept of all incidents? Yes No

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

Are parking lots well lit and 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

Are written emergency/evacuation procedures in place? *Please attach a copy.* Yes No

Do you have any skatepark 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

Are there construction operations on site? Yes No

If yes, is the work subcontracted to a third party with additional insured certificates provided? Yes No

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.)

Does the insured have custodial responsibility for minors? Yes No

If yes, is abuse coverage desired? Yes No

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? _____

Does your state permit you to do criminal background checks on:

Yes No Employees? Yes No Volunteers?

If yes, do you routinely request and receive such background information on all individuals who will have contact with minors? Yes No

Do you verify employment-related references for employees? Yes No

Do you verify employment-related references for volunteers? Yes No

Do you conduct a personal interview for employees? Yes No

Do you conduct a personal interview for volunteers? Yes No

Do you have a written set of procedures for screening employees and volunteers? Yes No

If yes, please forward. If no, please describe your screening process. _____

Do you have an Abuse / Molestation Policy with regard to sexual abuse? Yes No

If yes, please indicate how it is transmitted to your employees/volunteers. _____

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. _____

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? Yes No Civil Criminal
 What was the disposition of the case? _____

Regarding coverage for abuse and molestation, does your current insurance program:

- Yes No Exclude coverage?
- Yes No Limit coverage (please forward a copy of the endorsement)?
- Yes No Neither exclude or limit coverage?

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

Please describe your current and/or planned operations that involve the custodial care of minors. _____

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.)

Please advise total number of inflatables: _____

Provide detailed descriptions of the inflatable to be used (list name, description and, if possible, provide brochures, pictures or internet address): _____

Who sets up the inflatable(s)? Rental Agency Insured Organization (you)

Where will the inflatable(s) be set up? _____

Is the inflatable(s) set up on flat ground? Yes No

Who inspects the inflatable to make sure that it is set-up correctly? Rental Agency Insured Organization

Hours of operation: _____

How many attendants at each ride? _____

Are all attendants over the age of 18? Yes No

If no, please describe: _____

Describe attendant responsibilities: _____

Who is the manufacturer(s) of the inflatable(s)? Obtain Name of Manufacturer from rental company if necessary: _____

Does the rental company keep a maintenance or inspection log? Yes No

Explain the emergency plan in case of unplanned deflation: _____

Describe the plan for weather emergencies (e.g. rain and/or high winds): _____

Explain method of communication from inflatable site should an emergency arise: _____

How are weight/age limitations enforced? _____

Are riders of similar size and ability grouped together on inflatable bounces? Yes No

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): _____

Will the inflatable have permanently attached warning labels and safety instructions? Yes No

Does inflatable provider carry \$1m in GL insurance with an "A" rated carrier? Yes No

Will the provider list your organization as an additional insured? Yes No

Will your employees/volunteers receive formal training on the safe operation of the ride? Yes No

Is there an emergency plan in place and included as part of your operator training? Yes No

Is the ride picked up by the rental agency immediately after the rental event ends? Yes No

Will a liability release waiver or rental contract be signed? Yes No

If yes, please provide a copy.

First aid available at the inflatable site? Yes No

Injury/lost property disclaimer sign used at the inflatable site. Yes No

If yes, please provide verbiage or photo of sign

Will the power be provided by a generator on site? Yes No

Has your organization had any incidents/claims relating to the use of inflatable? Yes No

If yes, please explain: _____

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
- Not allow flips, somersaults, wrestling or fighting
- Not allow participants with loose articles like earrings, bracelets, watches, pagers, or cell phones to participate until such articles are removed.
- Not allow bouncing on side walls
- Not allow shoes
- Not allow casts, braces, or other similar type articles in the attraction

PLEASE PROVIDE THE FOLLOWING WITH THIS APPLICATION:

- Loss runs for the past five years
- Copy of Facility Emergency Plan and Evacuation procedures
- Copy of adult and minor waiver and release of liability/assumption of risk
- Copy of the facility rental agreement for special events (for birthday parties, sanctioned leagues, etc.)
- Copy of written set of procedures for screening employees and volunteers
- Copy of your Abuse / Molestation Policy with regard to sexual abuse
- Copy of your written procedures for dealing with allegations of sexual abuse
- Copy of liability release waiver or rental contract for inflatable and or rock wall (if applicable)
- Provide a Rock Wall Supplemental Application if Rock Wall Coverage is requested
- Provide a photograph of the "Injury/lost property" disclaimer sign used at the inflatable and/or Rockwall site

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.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as the referenced application(s).

Signature of Insured or Authorized Representative

Date

Title

Send completed form along with referenced ACORD application(s) to:

Sports & Fitness Insurance Company
P.O. Box 1967
Madison, MS 39130
Phone: (800) 844-0536
Fax: (601) 707-1037
E-mail: submissions@sportsfitness.com