



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

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

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 _____

Location _____ Limit _____

Location _____ Limit _____

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.

Signature of Insured or Authorized Representative

Date

Title

Send completed form to:

Sports & Fitness Insurance Company
Phone: (800) 844-0536
Fax: (601) 707-1037
E-mail: submissions@sportsfitness.com