



PROFESSIONAL SPORTS TEAMS APPLICATION

Pages 1-3 must be completed for all submissions

For Abuse and Molestation coverages, please complete page 4

If you provide Security, please complete pages 4 – 6

For Liquor Liability coverage, please complete pages 6 – 8

For Pyrotechnics exposure, please complete pages 8 – 11

For Hired and Non-Owned Auto coverage, please complete page 11

Submission Requirements

1. Complete ACORD Property, Auto and Umbrella Liability if coverages requested
2. Lease agreement between the insured and facility owner (if applicable)
3. Contracts with and certificates of insurance from the sub-contractors listed in Question 2 of the General Liability section
4. Schedule of Events other than game day related
5. Inflatables / Amusement devices application if applicable.
6. Latest financial statement
7. Currently valued insurance company loss runs for the current policy period plus 4 prior years

General Information

1. Applicant Name: _____
2. Name of facility: _____
3. Mailing address: _____
Physical address: _____
5. Does the Applicant own or lease the facility? Own Lease
6. Is there a facility manager on premises? Yes No
7. Contact person: _____ Telephone: _____
Contact e-mail address: _____ Web site address: www. _____
8. Business type: Corporation Partnership Individual
 Non-Profit Governmental entity Other: _____
9. Year business was established? _____ Number of years under present management: _____
FEIN: _____
10. List all **Named Insureds** and their interests:

Note: The First Named Insured requires common / majority ownership of each Named Insured. If not, please explain.

Explanation:

General Liability

1. Annual # of attendees (all events): _____ Total seating capacity: _____
Annual payroll: \$ _____ Number of employees: _____

Sales / Receipts:

- a. Food / Restaurant: \$ _____
b. Liquor: \$ _____
c. Gift shop: \$ _____ Describe: _____
d. Parking: \$ _____
e. Other: _____ \$ _____ Describe: _____

2. Please specify who has responsibility for the following game day operations:

	Owner	Insured	Sub-Cont.	Other (describe)
a. Facility maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
b. Food concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
c. Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
d. Gift shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
e. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
f. Security (complete page 6 if Applicant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
g. First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
h. Fireworks / Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
i. Inflatables / Amusement devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
j. Off premises catering / events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Explain all Other answers below:

3. Regarding contracts and certificates of insurance with sub-contractors.

	Insured	Sub-cont.	Mutual	Neither
a. Is the Indemnification / Hold harmless wording in favor of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the additional insured status in favor of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum insurance limits of \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is a certificate of insurance required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Any self-promoted or co-promoted events? (if yes, provide a schedule) Yes No

5. Are any other child care services provided? Yes No
If yes, provide details:

6. Does the Applicant conduct camps / clinics: Yes No
If yes, limit of Participant Accident coverage in place: \$ _____

7. Additional Insureds: Please list including their relationship to the Named Insured:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Coverage limits requested:

	Limit:	
Each Occurrence / Each Claim	\$	_____
General Aggregate	\$	_____
Products / Completed Operations Aggregate	\$	_____
Personal / Advertising Injury	\$	_____
Damage to Premises Rented to You	\$	_____
Liquor liability	\$	_____
Stop Gap	\$	_____
States: _____	Payroll by State:	_____
Employee Benefits Liability	\$	_____
Number of employees _____		
Employed benefits administrator?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current carrier: _____	Limit: \$	_____
Retroactive date: _____		
Other: (specify) _____	\$	_____
Other: (specify) _____	\$	_____
Deductible: \$ _____		
Self-Insured Retention: \$ _____	Self-Funded Retention: \$	_____

Life Safety

1. Is facility sprinklered? Yes No
 _____ % sprinklered
2. Central station fire alarm? Yes No
 Central station burglar alarm? Yes No
 Surveillance cameras? Yes No
3. Cooking facilities on premises? Yes No
 If yes, automatic extinguishing system over deep fat fryers, grills and stoves? Yes No
 How often are hood / ducts cleaned? _____
 By whom? Insured Sub-contractor
 If by sub-contractor, how often are they serviced? _____ Date last serviced? _____
4. Are there Automated External Defibrillators (AEDs)? Yes No
 If yes, are staff members trained to use them? Yes No
5. How many means of egress? _____
 Are all exits clearly marked? Yes No
 Are all doors equipped with panic hardware? Yes No
6. Is there backup emergency lighting and / or emergency generators in the event of a power failure? Yes No
7. Does the Applicant have an emergency evacuation plan? (If yes, attach a copy) Yes No
 Evacuation procedures and floor plans posted? Yes No
8. Are parking lots well lit? Yes No
 Patrolled by security? Yes No

9. Date of last major construction on facility (structural):

10. Any structural or major maintenance projects planned during policy term for which the insured is responsible? Yes No
If yes, please describe and provide cost of renovations:

Abuse and Molestation

1. Does the Applicant's current insurance program include Abuse and Molestation coverage? Yes No
2. Do the Applicant's employment and volunteer applications include questions about whether the individual has ever been convicted of any crime, including sex related or child abuse related offenses? Yes No
3. Does the Applicant verify employment references for employees and volunteers? Yes No
4. Does the Applicant conduct personal interviews? Yes No
5. Are formal written procedures in place for hiring? (If yes, attach a copy) Yes No
6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) Yes No
7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse? (If yes, attach a copy) Yes No
8. Have any incidents resulted in an allegation of sexual abuse?
If yes, was the case settled? Yes No
Was the case taken to trial? Yes No
Amount paid for damages to the victim: \$ _____
9. Does the Applicant's state allow criminal background checks? Yes No
If yes, do you run criminal background checks prior to hire for:
Employees? Yes No
Volunteers? Yes No

Security

(Complete only if security is the responsibility of the insured)

1. Who is primarily responsible (via contract) for liability coverage for security personnel?
- | | | |
|-----------------|------------------------------|-----------------------------|
| Insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Municipality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sub-contractor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Employed or sub-contracted security personnel? Employed Sub-contracted
 "Employed" is defined as individuals being paid and supervised directly by the insured. "Contract" is defined as the existence of a written contract with another entity for security services that have separate insurance coverage and provide a certificate naming the Insured as Additional Insured with limits equal to or greater than the Insured.
3. Number and payroll of employed security personnel:
 Unarmed: # _____ Payroll: \$ _____
 Armed (not including off duty police officers): # _____ Payroll: \$ _____
 Off duty police officers: _____ Payroll: \$ _____
4. Sub-contracted security – cost of sub-contract: \$ _____
5. Total maximum hours per day permitted at this and all other places of employment: _____
 Total maximum hours per week: _____
6. What are the staffing guidelines per number of patrons? _____
 Are the guidelines determined by:
 Ordinance? Yes No
 Statute? Yes No
 Industry standard? Yes No
 Other: (describe) _____
7. Is there a procedure to immediately report all incidents to the facility manager? Yes No
 If yes, describe: _____
8. Does the supervisor make personal contact with each security person at least once during each shift? If yes, describe: Yes No
9. Does the procedure include contacting previous employers over the previous five (5) years? Yes No
10. Do you contact at least three (3) personal references? Yes No
11. Is completion of a minimum twenty (20) hours initial training program required before deployment? Yes No
12. Who conducts the training and what are the trainer's qualifications: _____
13. Is a minimum of ten (10) hours on-site training required? Yes No
14. Is a minimum of four (4) hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No
15. Is each security person given a personal copy of the training / safety manual? Yes No

If yes, has each security person given management a written acknowledgment of the policies and contents? Yes No
NOTE: PLEASE INCLUDE A COPY OF THE MANUAL AND A SAMPLE OF THE WRITTEN ACKNOWLEDGEMENT.

ARMED SECURITY EMPLOYEES:

1. Are the security personnel in uniform? Yes No
 If yes, describe the uniform: _____

2. Are the security personnel identified by anything other than a uniform? Yes No
 If yes, describe the identification and include an example or photograph. _____

3. Are psychological screen profiles used? Yes No
 If yes, specify type: _____

4. Are criminal background checks completed? Yes No
 If yes, what agency is utilized? _____

5. Please indicate any equipment carried or routinely available to security personnel:
 Flashlight Type: _____ Size: _____ Construction: _____
 Handcuffs First aid kit (including blood borne pathogen kit)
 Nightstick Is night stick police regulation or other? _____
 Taser / Phaser Chemicals (Mace, pepper gas)
 Other: _____
 Firearm – Caliber: .357 .38 .9mm Other: _____
 Make: Colt S&W Ruger
 Cover Holster Type: _____

6. Is the ammunition: Standard Other: _____

7. Are firearm and ammunition approved and inspected by management or the security company? Yes No

8. Describe capabilities of each guard for constant communications with each other, the supervisor, and management: _____

9. Are dogs used in your security operations? Yes No
 If yes, provide the type of dogs, number, and describe duties. _____

Liquor

1. Is liquor license in the Applicant's name? Yes No
 If no, what is the name on the license and their relationship to the insured: _____

- Liquor license number: _____
- Class of license: _____

2. Is the liquor service sub-contracted to a third party? Yes No
 If yes, provide limits of liability maintained by the sub-contractor: \$ _____
 Is the Applicant listed as Additional Insured under sub-contractors Liquor liability coverage? Yes No
 Is contingent liquor liability coverage requested by Insured? Yes No
3. Has the Applicant's liquor license ever been revoked or suspended? Yes No
 If yes, explain: _____
4. Has the Applicant incurred claims for liquor liability during the last three (3) years? If yes, explain: Yes No

5. Has any insurer cancelled or non-renewed coverage during the last three (3) years? If yes, explain: Yes No

6. Has the Applicant ever been fined by Alcoholic Beverage Control or other governmental regulator? If yes, explain: Yes No

7. Type of beverages sold: _____
 Annual gross sales: _____
 Liquor Sales: \$ _____
 Food Sales: \$ _____
 Other: _____ \$ _____
8. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
 If yes, what type? _____
9. Does the Applicant exercise the right to search and seizure contraband items? Yes No
 If yes, how do you notify the public of this? _____
10. Does the Applicant maintain security personnel at entry check points? Yes No
 If yes, what type? _____
11. Are the alcohol sales and consumption contained within one fixed site, or are booths / stands located throughout the event site?

12. Number of servers used? _____
 Are they professional servers? Yes No
 Explain: _____
- _____
- Are they volunteer servers? Yes No
 Explain: _____

13. Do the servers receive any type of alcohol awareness training? Yes No
If yes, explain:

14. Median age of liquor customers:
 21-25 25-30 30-40 40 and over

15. Are minors allowed to enter the location where alcohol is being served? Yes No
If yes, how is underage consumption of alcohol prevented?

16. Explain how ID's are checked:

17. Are uniformed police officers present at the site of alcohol sales? Yes No
Are undercover police officers present? Yes No
Are private security officers present? Yes No
Average number of officers present at site: _____

18. Are rules and regulations clearly displayed for patrons viewing? Yes No
Explain:

19. Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
Explain:

20. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
Explain:

21. Is there any type of designated driver program? Yes No
Explain:

22. Limit Liquor liability coverage requested: \$ _____

Pyrotechnics

(Complete if coverage is requested for Pyrotechnics Coverage (not including flashboxes))

1. Limit of liability requested: \$1,000,000 Other: _____

2. Description of events:

Complete this section if the Pyrotechnics Operator is a Contractor.

- a) Name: _____
- b) Is there an agreement with the contractor? Yes No
If yes, provide a copy of the agreement.
- c) Will liability coverage be provided by the pyrotechnics contractor? Yes No
If yes, please indicate limits of coverage provided:
 \$1,000,000 Greater than \$1,000,000 Other: \$ _____

Please attach a copy of certificate of insurance including any additional insured listing.

- d) Does the Applicant confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No
- e) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:
- f) Does the Applicant allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an additional insured?

If no, does the tenant lease / use agreement indicate that pyrotechnic displays are not permitted? Yes No

- g) Are events with pyrotechnics held: Indoor Outdoor
- h) What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Aerial Shells | <input type="checkbox"/> Airbursts | <input type="checkbox"/> Black Powder | <input type="checkbox"/> Comets |
| <input type="checkbox"/> Concussion Effects | <input type="checkbox"/> Concussion Mortars | <input type="checkbox"/> Electric Matches | <input type="checkbox"/> Flares |
| <input type="checkbox"/> Flash Pots | <input type="checkbox"/> Flashpower | <input type="checkbox"/> Gerbs | <input type="checkbox"/> Integrals Mortars |
| <input type="checkbox"/> Mines | <input type="checkbox"/> Mortars | <input type="checkbox"/> Rockets | <input type="checkbox"/> Saxons |
| <input type="checkbox"/> Wheels | <input type="checkbox"/> Salutes | <input type="checkbox"/> Waterfall, Falls, Park Curtains | |
- Other, please list: _____

Outdoor Pyrotechnics
(only complete if outdoor pyrotechnic displays are staged)

1. Are the events in compliance with NFPA 1123 or 1126? (Code for fireworks display) Yes No

2. Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No
 If yes, distance of spectator fencing from launch site: _____
 Distance of spectator parking area from launch site: _____
 Distance of closest building or structure from launch site: _____
3. Will there be firefighting equipment on site during the event? Yes No
 If no firefighting equipment on site, give distance to nearest fire station: _____
4. Will you have an ambulance on site? Yes No
 If no, what is the estimated response time of an ambulance? _____
 If no, what is the distance to nearest medical facility? _____

INDOOR PYROTECHNICS
(Only complete if indoor pyrotechnic displays are staged)

1. Are the events in compliance with NFPA 1126? (Standard code for the use of pyrotechnics before a proximate audience)? Yes No
2. Is the facility sprinklered? Yes No
3. What other form of fire fighting equipment is available at the facility?

4. Does the facility have an emergency evacuation plan? Yes No
 If yes, how often is the staff drilled on emergency evacuation?

5. Number of accessible (not locked) emergency exits at the facility: _____
6. What steps are taken to inform patrons of the locations of all emergency exits?

7. Maximum capacity of the facility: _____
8. Has the fire marshal approved the use of pyrotechnics at the facility? Yes No
 If yes, as of what date: _____

HIRED & NON-OWNED AUTO

1. Does the Applicant have any owned automobiles? Yes No
 NOTE: If the Applicant has owned autos, the hired car and non-owned auto coverage should be placed with the automobile carrier. Explain if an exception is requested.

2. Does the Applicant allow employees to use their own personal vehicles for your business purposes? Yes No
 If yes, how many employees use their own personal vehicle? _____
 If yes, how often? Daily Weekly Monthly Other: _____
3. Does the Applicant obtain Motor Vehicle Reports? Yes No
 If yes, how often? Annually Every other year Other: _____
4. Does the Applicant confirm that all employees who regularly use their cars for business

purposes carry minimum personal auto limits? Yes No
If yes, what minimum limits are required? \$ _____

5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ _____

6. Is hired auto physical damage required? Yes No
If yes, what is the maximum value of hired vehicle you would like insured? \$ _____
NOTE: Physical Damage deductibles: \$100 comprehensive / \$1,000 collision provided.

Fraud Notice

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 INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON 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 KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 MINNESOTA AND OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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 NEBRASKA AND OKLAHOMA APPLICANTS: 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.

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 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 OF THE THIRD DEGREE.

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 MAINE 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.

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW.

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 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 CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO TENNESSEE 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."

Insured Signature : _____ Date: _____

Agent Signature: _____ Date: _____