

SPORTS SPECIAL EVENTS APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Copy of Waiver & Release
- Event Brochure(s) and/or Event Marketing Material(s)
- Copies of all facility/venue agreements and/or subcontractor agreements

GENERAL INFORMATION

Full Named Insured:						
Mailing Address:				City:	State:	Zip:
Physical Address:				City:	State:	Zip:
Entity Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:						
Phone:			Number of years event has been held*: <i>*If less than 3 years, provide Applicant resume.</i>			
Requested Coverage Dates						
From: Click or tap to enter a date.			To: Click or tap to enter a date.			
If coverage for setup and teardown of the event is needed, please advise:						
Set-up Date(s):			Teardown Date(s):			

RECEIPTS

Provide breakdown of receipts.

	Upcoming Year	Prior Year
Tickets/Admissions	\$	\$
Liquor*	\$	\$
Food/Beverage (excl Liquor)	\$	\$
Parking	\$	\$
Other Receipts**	\$	\$
Total Gross Receipts	\$	\$
<i>*If liquor is served, advise the entity responsible for obtaining the liquor permit:</i>		
<i>**If Other Receipts, describe:</i>		

UNDERWRITING INFORMATION

Applicant is: <input type="checkbox"/> Event Host <input type="checkbox"/> Event Promoter <input type="checkbox"/> Event Sponsor <input type="checkbox"/> Event Co-Promoter <input type="checkbox"/> Facility <input type="checkbox"/> Other (describe):	
Name of Event:	
Describe event type:	
Is this a sanctioned event?* <i>*If yes, provide name of sanctioning organization:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Event Location:	
Venue is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	
Venue Type: <input type="checkbox"/> Convention Center <input type="checkbox"/> Stadium <input type="checkbox"/> Arena <input type="checkbox"/> Fairgrounds <input type="checkbox"/> Other (describe):	
Venue Capacity:	Event Hours: <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="checkbox"/> AM <input type="checkbox"/> PM
How long before the event(s) will spectators be allowed entry?	
Number of Daily Participants over 18 years:	Number of Daily Participants 18 years and under:
Total Number of Participants:	Number of Volunteers:
Number of Daily Spectators:	Total Number of Spectators:
Age of Participants:	Admission Fee: \$
Are all participants (and parent/guardian for minors) required to sign a Waiver and Release prior to participating in the event?* <i>*If yes, provide copy of participant Waiver and Release and answer the following questions:</i> How long are the waivers kept? Where are the waivers stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Level of Play: <input type="checkbox"/> Amateur <input type="checkbox"/> Collegiate <input type="checkbox"/> Professional	
Is a separate Participant Accident policy in place covering participants?* <i>*If yes, provide the following:</i> Carrier: <input type="checkbox"/> Primary <input type="checkbox"/> Excess Accident Limits: \$ AD&D Limits: \$ Catastrophe Limits: \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are athletic members covered by Workers Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Advise who is responsible for the following:</i>				
	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables/Amusements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging/Overnight Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging/Equipment/Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Shuttles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:</i>				
	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all subcontractors/vendors required to provide proof of insurance and name Applicant as an Additional Insured?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of seating:				
<input type="checkbox"/> Reserved Seats <input type="checkbox"/> General Admission <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary				
Seating Capacity:				
<i>Advise if there are any of the following:</i>				
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Concerts/Performances	<input type="checkbox"/> Overnight Accommodations / Camping		
<input type="checkbox"/> Amusement/Mechanical Rides	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Temporary Staging/Construction		
<input type="checkbox"/> Animals Rides	<input type="checkbox"/> Inflatables	<input type="checkbox"/> Water Hazards		
<input type="checkbox"/> Childcare	<input type="checkbox"/> Mechanical Devices	<input type="checkbox"/> Other (describe):		
<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Motorsports			

LIFE SAFETY

Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
*If yes, who provides? <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
Is at least one (1) Automated External Defibrillator on-site?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, are staff members trained to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Outdoor Venue:	
Weather monitoring system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there fencing around the perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for security?	
<input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 rd Party Security Company <input type="checkbox"/> Police <input type="checkbox"/> Venue	
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements:	
Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please advise:	
If Applicant uses <u>Contracted Service/Security Company</u> , what limit of liability does the Applicant require? \$	
Is the Security Company required to name Applicant as an AI and provide COI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the security contract require the Security Company to hold Applicant harmless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Security Armed?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, does Applicant and/or third party perform background checks on all armed security? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any other equipment carried or routinely available to security personnel:	
<input type="checkbox"/> Dogs <input type="checkbox"/> Flashlights <input type="checkbox"/> Handcuffs <input type="checkbox"/> Nightstick <input type="checkbox"/> Taser/Phaser <input type="checkbox"/> Other (explain):	
Advise maximum security-to-patron ratio: 1 Security to Patrons	
Describe precautions taken to prevent spectators from entering restricted areas:	

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>		
Employment applications required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
If HNOA is requested, please provide the following:		
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.



THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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 on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date