

SPORTS VENUES APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Copy of Waivers and Releases
- Copy of Safety Program
- Facility Third Party Rental Agreement
- Standard Vendor/Subcontractor Contract
- Facility Lease Agreement (if building rented/leased)
- *If NDI is requested, please complete the applicable supplemental.*

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:				
Year Established:	In business under current management since:				
Is operation part of a franchise?*			<input type="checkbox"/> Yes <input type="checkbox"/> No		
*If yes, what is the franchise name?					
Facility is:			<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Is a safety manager on premises at all times the facility is open?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Applicant have a formal safety training program for employees in place?			<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPOSURE INFORMATION

<i>Provide estimated count:</i>		
	Upcoming Year	Prior Year
Annual Admissions		
Number of Games		

<i>Provide estimated receipts:</i>		
	Upcoming Year	Prior Year
Tickets/Admissions	\$	\$
Liquor Receipts	\$	\$
Food/Beverage (excl Liquor)	\$	\$
League Fees	\$	\$
Parking	\$	\$
Third Party Rentals	\$	\$
Other Receipts*:	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		
Venue is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Venue Capacity: <i>persons</i>	
Operating Season:	Operating Hours: <input type="checkbox"/> AM <input type="checkbox"/> PM to <input type="checkbox"/> AM <input type="checkbox"/> PM	
Are any portions of the facility (other than parking lots and lawn) accessible by the public after hours?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>*if yes, describe:</i>		
Are referees and/or coaches employees of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, please advise:</i>	
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft docks (not bumper boats), floats on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pool on premises?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
Does Applicant have any inflatable, fabric, or air-supported structures, such as bubbles or domes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant maintain grandstands?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are any over 15 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>Advise seating capacity and construction type:</i>	

<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"/>
Facility Management	<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"/>
Janitorial	<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"/>
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	<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 carry their own insurance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
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	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are staff certified in CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are staff certified in First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe any additional medical and first aid facilities provided for competitors:	
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:	
<i>Weather monitoring system in place?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Is there fencing around the perimeter?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Are there procedures in place to suspend outside play during inclement weather?</i>	<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
<i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <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	
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 <i>If no, please advise:</i>	
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
<i>*If yes, does Applicant and/or third party perform background checks on all armed security?</i> <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	
Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):	
Does Applicant screen patrons prior to entry?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, advise how this is done (wands, metal detectors, bag search, etc.):</i>	

OPERATIONS

Facility Type: <input type="checkbox"/> Multi-Sport Facility <input type="checkbox"/> Single Sport Facility (advise sport): <input type="checkbox"/> Team or League Facility <input type="checkbox"/> Other (describe):			
Is Applicant a member of any sanctioning bodies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant host its own leagues?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant host leagues that have separate sanctioning through another organization?* <i>*If yes, do leagues provide a COI naming Applicant as Additional Insured?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Provide sample league contract.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant rent to others for activities other than sports league play (ex: birthday parties, events, banquets)?* <i>*If yes, provide a copy of the rental agreement.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the facility rent or repair sports equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please indicate the types of sports played and activities offered at the venue:</i>			
<input type="checkbox"/> Amusement Rides	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Obstacle Course	<input type="checkbox"/> Softball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Flag Football	<input type="checkbox"/> Pro Shop	<input type="checkbox"/> Swimming
<input type="checkbox"/> Basketball	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Rock Wall	<input type="checkbox"/> Tennis
<input type="checkbox"/> Batting Cages	<input type="checkbox"/> Football	<input type="checkbox"/> Roller Hockey	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Boxing	<input type="checkbox"/> Golf	<input type="checkbox"/> Roller Skating	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Camp Programs	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Running Track – Indoor	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Child Care	<input type="checkbox"/> Inflatables	<input type="checkbox"/> Running Track – Outdoor	<input type="checkbox"/> Zip Lines
<input type="checkbox"/> Children’s Play Structures	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Soccer	
Do any sports or activities involve ice?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Waiver and Release of Liability signed by every participant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Waiver and Release of Liability signed by the parent/guardian for any minors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How often are waivers collected?* <input type="checkbox"/> Annually <input type="checkbox"/> Upon initial visit to facility <input type="checkbox"/> Other: <i>*Provide a copy of all Waivers and Releases used.</i>			
Does Applicant make clear to patrons the degree of liability it assumes by way of ticket notices and/or warning signs posted throughout the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are participants required to wear safety equipment during play?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is signage posted throughout the facility to indicate proper use of equipment, facility features, and off-limits areas?			<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*	
<i>*If temporary seating is used, is seating inspected prior to each event?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Seating Capacity:	
If Applicant is responsible for concessions/food, describe types of food sold (prepackaged, microwaved, grilled, etc.):	
Does Applicant's facility ever use a scissor lift? * <i>*If yes, who operates the scissor lift?</i> <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contracted Service <i>*Who is responsible for maintenance of the scissor lift?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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? * <i>*If yes, provide a copy.</i> <i>*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		<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

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

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

Does Applicant have any owned vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant offer a shuttle service and/or transportation to participants/spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?	
* If yes, how often?	
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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