

SPORTSPLEX/FACILITY GENERAL LIABILITY APPLICATION

PLEASE RETURN ALL 7 PAGES TO OBTAIN A QUOTE

CONTACT INFORMATION

Legal Name of Sportsplex: _____

DBA (Name of Sportsplex): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Location Address: _____

City: _____ State: _____ Zip: _____ - _____

Website URL: _____

Email: _____

Daytime phone: (____) _____ Fax: (____) _____

DESCRIPTION OF SPORTSPLEX AND EXPERIENCE

Applicant is: _____ For Profit _____ Not For Profit _____ Municipality

Applicant is: _____ Owner _____ Tenant

Formation date of your legal entity: _____

How long has current management been at this sportsplex: _____

Prior years of experience of current management at other sportsplexes: _____

Number of staff: Full Time _____ Part time _____

Number of buildings in sportsplex: _____

Brief description of use: _____

Number of outdoor fields in sportsplex: _____ Total acreage: _____

Number of indoor courts in sportsplex: _____ Total sq. ft.: _____

Hours of operation: _____

Months of operations: _____

SPORTS/ACTIVITIES OPERATED BY YOU

(List anticipated sports/activities for the next 12 months)

List Sport/Activity	# of Athletes	Age Range	Average Age	Waiver Release Required	Start Date	End Date
Teams/Leagues/Individual Sports (ex: softball league, fencing classes, aerobic classes, etc.)						
Example: Softball	250	6-Adult	15	Yes	Feb 1	Aug 1
Camps/Clinics/Instruction (ex: week long sports camps, day clinics, individual and group lessons)						
Tournaments (ex: you host and operate softball tournament and invite outside teams)						
Public Drop Ins (ex: pickup basketball, batting cages, workout facilities, etc.)						
Miscellaneous Activities (ex: after school care, senior activities, class instruction, arts & crafts, etc.)						
Special Events (ex: birthday parties, dances, picnics, etc.)						
Off-Premises Events (ex: ski trips, camping, swimming, etc.)						

SPORTS/ACTIVITIES OPERATED BY ORGANIZATIONS THAT LEASE YOUR FACILITIES

(List anticipated sports/activities for the next 12 months)

List Sport/Activity	# of Athletes	Age Range	Average Age	General Liability & Accident	Waiver Release Required	Start Date	End Date
Teams/Leagues/Individual Sports (ex: softball league, fencing classes, aerobic classes, etc.)							
Camps/Clinics/Instruction (ex: week long sports camps, day clinics, individual and group lessons)							
Tournaments (ex: you host and operate softball tournament and invite outside teams)							
Miscellaneous Activities (ex: after school care, senior activities, class instruction, arts & crafts, etc.)							
Special Events (ex: birthday parties, dances, picnics, etc.)							
Off-Premises Events (ex: ski trips, camping, swimming, etc.)							

SUBCONTRACTED SERVICES

Please indicate if any of the following services are subcontracted:

<input type="checkbox"/> Security	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maintenance	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Concessions	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Janitorial	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquor Sales	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referees	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Instructors	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

RISK MANAGEMENT PRECAUTIONS

1)	Are parking lots well lit and/or patrolled?	___ Yes ___ No
2)	Are the rules posted and enforced?	___ Yes ___ No
3)	Are signs clearly posted to identify exits and hazards?	___ Yes ___ No
4)	Do participants wear required safety equipment at all times?	___ Yes ___ No
5)	Are written emergency procedures in place?	___ Yes ___ No
6)	Are restrooms monitored/cleaned during operations?	___ Yes ___ No
7)	Are facility inspections for hazards regularly performed?	___ Yes ___ No
8)	Is there a skate park operation on premises?	___ Yes ___ No
9)	Are medical and first aid facilities maintained?	___ Yes ___ No
10)	Is liquor sold or served on the premises?	___ Yes ___ No
11)	Do you rent or repair sports equipment?	___ Yes ___ No
12)	Are the facility fields fenced and locked so as to restrict access to the public while the facility is closed?	___ Yes ___ No
13)	Are construction operations expected within the next year?	___ Yes ___ No
14)	If yes, will a Certificate Of Insurance be obtained from the contractor evidencing Workers' Compensation and General Liability?	___ Yes ___ No
15)	What precautions are taken to prevent spectators from entering restricted areas?	

SNACK BAR/RESTAURANT EXPOSURES

1) Are all cooking surfaces properly fire protected?	___ Yes ___ No
2) What type of Automatic Extinguishing System (AES) is in place?	
3) Do you have a contract for servicing and maintaining the automatic extinguishing system?	___ Yes ___ No
4) How often is this system serviced & maintained? ___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually	
5) How often are filters cleaned?	
6) By whom?	
7) How often are hoods/duct cleaned?	
8) By whom?	

LIQUOR

1) Are alcoholic beverages sold?	___ Yes ___ No
2) License holder: _____ Liquor license #: _____	
3) Have you ever been fined or had your license revoked or suspended?	___ Yes ___ No
If yes, please explain:	
4) Do all servers receive alcohol awareness training?	___ Yes ___ No
If yes, please describe training:	
5) Are patrons allowed to carry alcoholic beverages onto the premises?	___ Yes ___ No
6) Do you stop serving at least one hour prior to closing?	___ Yes ___ No

NON-OWNED / HIRED AUTO LIABILITY

1) Do you have a Business Auto Policy for owned autos?	___ Yes ___ No
If yes, coverage should be obtained under your Business Auto Policy.	
2) Do employees or volunteers routinely use their autos for company business?	___ Yes ___ No
If yes, please explain:	
Total number of employees: _____ Total number of volunteers: _____	
3) Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto?	___ Yes ___ No
4) During the last three years have you leased, borrowed or hired any vehicles for your business? ___ Yes ___ No	
6) What is the estimated annual cost to hire/lease all vehicles? \$ _____	

INSURANCE HISTORY

1) Do you currently carry a General Liability policy?	___ Yes ___ No
1a) If yes, what is the approximate premium paid? \$_____	
1b) If yes, what is the name of the <u>insurance carrier</u> on your current General Liability policy?	
1c) If yes, what is the expiration date of your current policy?	
2) Has any insurance carrier cancelled or non-renewed your General Liability policy? ___ Yes ___ No If yes, please explain:	
3) Please list a detailed description of any claims or incidents that have occurred over the past 4 years?	

ADDITIONAL INFORMATION REQUIRED

- ❖ If applicable, a copy of your lease of premises agreement with the facility owner.
- ❖ If applicable, a copy of your lease or license agreement when you lease the facilities to a user.
- ❖ A copy of your written emergency procedures plan.
- ❖ A diagram of your sportsplex.
- ❖ A copy of your waiver/release form.
- ❖ 3 years of loss history from your General Liability carrier(s) if applicable.
- ❖ List of all drivers, including their drivers license number, state the license is issued in, and date of birth. (Required for Non-Owned/Hired Auto Liability.)

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR MISLEADING INFORMATION ON AN APPLICATION OF INSURANCE MAY BE SUBJECT TO CIVIL AND CRIMINAL FINES AND PENALTIES. FURTHERMORE, ANY INSURANCE CLAIM MAY BE DENIED.

Signature of Applicant

Date



Sadler & Company, Inc.
Sports Insurance Division

Attn: Debbie Edelmayer
P O Box 5866
Columbia, SC 29250-5866
Phone: 1-800-622-7370
Fax: 1-803-256-4017

Email: debbie@sadlersports.com

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SPORTSPLEX/FACILITY PROPERTY APPLICATION

CONTACT INFORMATION

Legal Name of Sportsplex: _____

DBA (Name of Sportsplex): _____

Name of Person Completing This Form: _____

PREMIUM AND LOSS HISTORY

YEAR	NAME OF INSURANCE COMPANY	PREMIUMS	LOSSES
Current		\$	\$
Prior		\$	\$
1 st Prior		\$	\$
2 nd Prior		\$	\$
3 rd Prior		\$	\$

What is your current policy expiration date? _____

Is your policy being cancelled or nonrenewed? Y or N

If yes, please explain reasons. _____

**Please Complete Page 2 of This Application Separately For Each Building.
(Make As Many Copies As You Need.)**

BUILDING #1 INFORMATION

Property Address: _____

Building is: _____ owned _____ leased

Building Replacement Cost Value: \$ _____ Contents Replacement Cost Value: \$ _____

Outdoor Property Replacement Cost Value: \$ _____

Detailed Description of Outdoor Property: _____

Building Construction Type (check appropriate blank):

____ wood wall supports/wood roof supports ____ concrete block walls/wood roof supports
____ metal wall supports/metal roof supports ____ concrete wall supports/metal roof supports
____ concrete wall supports/concrete roof supports ____ other: _____

Building Usage (check appropriate box):

____ office ____ athletic area ____ concessions ____ storage ____ restaurant
____ pro shop/retail ____ other: _____

Sq. Ft. Area: _____ Year Built: _____ # stories: _____

If building is 20 years or older, please indicate what year updates were made to the following:

Electrical: _____ Roof: _____
Plumbing: _____ Heating: _____

Describe what is surrounding the building to the:

Right: _____
Left: _____
Rear: _____

Fire Protection (ex: sprinklered, extinguishers, fire alarm): _____

If fire alarm, is it connected to a central station? Y or N

Burglar Protection (ex: fenced, alarm, guards): _____

If burglar alarm, is it connected to policy/alarm company? Y or N

Optional Property Coverages (Please Check): (Additional Applications May Be Required)

____ Sign (\$ _____) ____ Machinery Breakdown ____ Money & Securities
____ Business Income ____ Flood ____ Boiler Explosion ____ Earthquake
____ Food Spoilage ____ Glass ____ Employee Dishonesty

Please submit the following:

- Photos of facility—inside and out.
- Copy of Lease Agreement with building owner, if applicable.

Signature of Insured

Send Completed Application To:
Attn: Debbie E.
Sadler & Company, Inc.
P.O. 5866
Columbia, SC 29250-5866
Phone: 800-622-7370
Fax: 803-256-4017
Email: debbie@sadlersports.com