

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:
Email:		
Website URL:		
Daytime phone: () - 	Fax Number: () - 	

DESCRIPTION OF SPORTSPLEX AND EXPERIENCE

Applicant is:	For Profit	Not For Profit	Municipality
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 square footage:			
Hours of operation:			
Months of operations:			

NOTE TO ALL INSURANCE AGENTS & BROKERS – This program is handled by Sadler & Company direct with the insured and does not recognize outside agents. There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. (In addition, proof of coverage, underwriting questions, quotes, etc. will be sent direct to the named insured and will not be sent to an insurance agent.) The minimum premium is \$3,500 (which is subject to change by the insurance carrier), and the final premium is subject to rating. All premiums are fully earned at inception and premium financing is not accepted.

\$3,500 minimum account premium

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Management must have at least three years applicable experience

SPORTS/ACTIVITIES OPERATED BY YOU

(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
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.)						

Attach separate sheet if necessary

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.)							

Attach separate sheet if necessary

REVENUE SOURCES

(List anticipated revenues for next 12 months)

Registration Fees From Sports/Activities Operated By You	\$
Fees From Leasing Your Facilities To Others	\$
Admissions From Spectators	\$
Public Drop In Fees	\$
Concessions (excluding beer, wine, and liquor)	\$
Beer, Wine, Liquor	\$
Vending	\$
Retail / Pro Shop	\$
Batting Cage Receipts	\$
Arcade	\$
Equipment Rental	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Total Revenues	\$ _____

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	Are the rules posted and enforced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	Are signs clearly posted to identify exits and hazards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	Do participants wear required safety equipment at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	Are written emergency procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6)	Are restrooms monitored/cleaned during operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7)	Are facility inspections for hazards regularly performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8)	Is there a skate park operation on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9)	Are medical and first aid facilities maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10)	Is liquor sold or served on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11)	Do you rent or repair sports equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12)	Are the facility fields fenced and locked so as to restrict access to the public while the facility is closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13)	Are construction operations expected within the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14)	If yes, will a Certificate Of Insurance be obtained from the contractor evidencing Workers' Compensation and General Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 insurance carrier 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.
- ❖ 3 years of loss history from your Participant Accident 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
SPORTS & RECREATION INSURANCE

CONTACT: Jenny Jastromski or Debbie Edelmayer

P O Box 5866

Columbia, SC 29250-5866

Phone: 1-800-622-7370

Fax: 1-803-256-4017

Email: sport8@sadlersports.com (Jenny) or debbie@sadlersports.com (Debbie)

**SPORTSPLEX/FACILITY PROPERTY APPLICATION
COMPLETE THIS SECTION ONLY IF YOU WISH TO
INSURE THE BUILDING AND/OR CONTENTS**

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 SUBMIT THE FOLLOWING:

Photos of facility—inside and out.

Copy of Lease Agreement with building owner, if applicable.

Signature of Insured

Date

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

BUILDING #1 INFORMATION

COMPLETE THIS SECTION ONLY IF YOU WISH TO INSURE THE BUILDING AND/OR CONTENTS

Legal Name of Sportsplex:

DBA (Name of Sportsplex):

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 ___ Glass
___ Business Income ___ Flood ___ Boiler Explosion ___ Earthquake ___ Food Spoilage
___ Employee Dishonesty

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