



2022 -2023 SFA Endorsed Insurance Plan

SPORTS FACILITIES OF AMERICA

Available 3-1-2022 to 3-1-2023

Eligible Operations

- Sports Training Facilities
- Teams/Leagues
- Camps/Clinics
- Hosted Tournaments
- Skill Testing Events
- Baseball
- Softball
- Volleyball
- Soccer
- Tennis
- Golf
- Flag Football
- Ultimate Frisbee
- Field-Floor Hockey
- Lacrosse
- Basketball
- Strength/Agility
- Ask about other sports

General Liability / Accident

- Get instant quote with pre published rates
- Complete simple application for immediate coverage
- \$1,000,000 Each Occurrence Limit. If you require \$2,000,000 Each Occurrence/\$4,000,000 Aggregate, you will complete the Excess Liability computation page.
- \$1,000,000 Sexual Abuse & Molestation (Optional buy-back)
- \$1,000,000 Non Owned & Hired Auto Liability
- Professional Liability coverage included

Risk Management

- General Risk Management Program Template
- Sexual Abuse & Molestation Protection Program Template
- Concussion/ Brain Injury Program Template
- Waiver/Release Forms
- See www.sadlersports.com/riskmanagement for all of the above templates

Property / Equipment

- One stop policy for buildings, equipment, contents and computers
- Leading A rated insurance carrier
- Simple quote request form attached

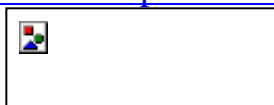
Workers Compensation

- Available in most states
- Simple quote request form attached

A \$95.00 fee is required to become a registered facility with SFA. Being a registered facility gives you the opportunity to purchase the coverages mentioned at the rates provided and receive the services shown.

The fee is included on the enclosed application. For additional information about being a registered SFA facility and additional services available to you, please visit <https://starsandstripessports.com/sports-facilities-of-america/>

www.sadlersports.com/sfa



PO Box 5866, Columbia SC 29250-5866 Phone: 1-800-622-7370 Fax: 1-803-256-4017
Email: sfa@sadlersports.com

2022-23 General Liability and Accident Plan Descriptions

General Liability

Carrier: Scottsdale Insurance Company (A.M. Best Rating A+, XV)

LIMITS

	Option 1	Option 2
General Aggregate	\$3,000,000 per event	\$4,000,000 per event
Products / Completed Operations Aggregate	\$1,000,000	\$2,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$1,000,000	\$1,000,000
Premises Medical Payments	\$ 5,000	\$ 5,000
Sexual Abuse & Molestation – Each Occurrence (Optional Buy-Back)	\$1,000,000	\$1,000,000
Sexual Abuse & Molestation – Aggregate (Optional Buy-Back)	\$2,000,000	\$2,000,000
Legal Liability to Participants	\$1,000,000*	\$2,000,000
Professional Liability for Coaches and Instructors	Included	Included
Non Owned & Hired Auto Liability	\$1,000,000	\$1,000,000

***The Legal Liability to Participants Endorsement includes a "Brain Injury" provision whereby \$1,000,000 Each Occurrence Limit and \$3,000,000 Aggregate Limit, including damages, cost, charges, and expenses incurred in the course of investigating and settling any claim, applies to: Tackle Football, Ice Hockey, Inline Hockey, Soccer, Wrestling, Cheerleading, Lacrosse, Gymnastics, Rugby, Basketball and Field Hockey

COVERED ACTIVITIES

Premises and operations of the named insured national organization and its insured SFA member organizations. Covered activities include facility related sports and fitness instruction, skills and drills, strength and agility, batting cage, facility rental, and sponsored youth(19&U) teams/leagues(including tryouts, practices, games and tournaments),youth(19&U) tournament hosting, camps/clinics/skill testing events for the following sportsandactivities:golf,tennis,basketball,volleyball,lacrosse,flagfootball, ultimate frisbee, field/floor hockey, cheerleading, soccer, general strength and fitness, and any other sports or activities that have been approved and endorsed on to the policy. Baseball and softball teams/leagues all ages(including tryouts, practices, games, and tournaments)that have been approved and endorsed on to the policy.

RISK MANAGEMENT REQUIREMENTS

See application for list of risk management controls that are required for program eligibility.

SEXUAL ABUSE & MOLESTATION

With respect to Sexual Abuse & Molestation, it is agreed that no coverage applies to member academies that do not meet the following criteria (If this coverage option has been selected with the additional premium paid.):

1. System in place to perform criminal background checks on paid & volunteer staff.
2. Written procedure that includes sexual abuse & molestation prevention.
3. Written procedure that includes response plans for allegations of sexual abuse & molestation. The plan must specify that law enforcement be contacted in the event of an allegation.

See www.sadlersports.com/riskmanagement for a template, that if adopted and implemented, will meet these requirements.

NON OWNED & HIRED AUTO LIABILITY

Provides coverage if the facility is sued as a result of liability arising out of the use of an auto on facility business if such auto is not owned by the facility (ex: employee's auto, auto that is borrowed from a church or is hired from a rental car company). Coverage is excluded for 15 passenger vans. There is no coverage for the driver of any auto while transporting youth or adult participants. This policy does not cover physical damage to the non-owned or hired auto itself and as a result, separate arrangements must be made for such coverage.

Accident

Carrier: Nationwide Life Insurance Company (A.M. Best Rating A+, XV)

LIMITS

Accident Medical – Excess Limit	\$ 25,000
Deductible – Per Claim	\$ 1,000
Accidental Death & Specific Loss	\$ 1,500

EXCESS COVERAGE

The benefits provided under this plan are excess to any valid and collectible coverage. In the absence of other coverage, this policy will provide primary benefits, subject to the deductible.

2022-2023 SFA INSURANCE APPLICATION

SPORTS FACILITIES

\$1,000,000 or \$2,000,000 General Liability and \$25,000 Accident

ORGANIZATION INFORMATION

Full Legal Name of Insured:		
Primary Location of Insured:		
City:	State:	Zip:
Facility Website Address:		
Facility Phone #: ()		

OPERATIONS

Your Operations Include *(Select all that apply):*

- | | |
|---|--|
| <input type="checkbox"/> Sports Training Facilities | <input type="checkbox"/> Team/League |
| <input type="checkbox"/> Camp/Clinic/Skill Testing | <input type="checkbox"/> Tournament Host |

CONTACT INFORMATION

Name of Contact Person:		
Position:		
Mailing Address:		
City:	State:	Zip:
Email:		
Day Phone:	Cell:	Fax:

WAIVER/RELEASE REQUIREMENT

(Must be answered "yes" to qualify)

Do you require all of your participants including parent/guardian (if minor participants) to sign a carrier approved waiver/release agreement? YES NO

RISK MANAGEMENT ELIGIBILITY REQUIREMENTS

(All must be answered "yes" to qualify if you operate as a sports training facility.

Skip this section if you are not operating as a sports training facility)

GENERAL INFORMATION

Do you have a written risk management program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are basic rules posted and enforced at all times?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you make best efforts to obtain certificates of insurance evidencing General Liability for teams, independent contractors, or vendors that use your facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO

STAFF AND SUPERVISION

Do you have a staff orientation program and refresher training program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you regularly monitor staff performance as regards following required risk management controls?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your staff monitor activity on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your customers required to sign an insurance carrier approved waiver / release form prior to participation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FACILITIES / EQUIPMENT

Do regular facility and equipment inspections occur including correction of all hazards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have appropriate fencing and netting in place to avoid injuries to participants and spectators?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have appropriate walls / fencing in place to prevent trespassers from using your premises after hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO

BATTING CAGES

Are customers required to wear batting helmets inside batting cages?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are batting cages completely self contained or enclosed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are customers prohibited from altering the speed settings on the pitching machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are rules, operating instructions, and assumption of risk warnings posted in plain sight?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are accuracy and maintenance checks performed on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an age and height requirement for use of the pitching machines?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRIOR INSURANCE AND LOSS HISTORY

Current Insurance Carrier: _____

Have you ever had an injury that resulted in a claim? YES NO

If yes, provide date, description, and corrective action taken: _____

**OPTION 1: \$1,000,000 GENERAL LIABILITY + \$25,000 ACCIDENT
CHARGE COMPUTATION**

\$1,000,000 - GENERAL LIABILITY (Provide Annual Estimates)

Sports Training (Youth and Adult eligible)

Estimated Annual Receipts

(Include only the following revenue sources: memberships for facility use, batting cages, rental/leasing to outside individuals/groups, private/group instruction)

(Do not include registration fees for teams, camps/clinics and tournaments)

Est. Annual Receipts = _____ divided by 1,000 = _____ X \$ 18.22 = \$

Teams/Leagues (Youth only except baseball/softball)

Sponsored tennis/golf teams no. teams _____ X \$ 46.61 = \$

Sponsored baseball / softball teams no. teams _____ X \$ 58.73 = \$

Sponsored basketball / volleyball teams no. teams _____ X \$ 65.15 = \$

Sponsored cheerleading teams no. teams _____ X \$ 75.30 = \$

Sponsored soccer/ultimate frisbee/flag football teams no. teams _____ X \$ 90.11 = \$

Sponsored lacrosse/field-floor hockey teams no. teams _____ X \$ 112.95 = \$

Hosted Tournaments (Youth only except baseball/softball)

Hosted tennis/golf tournaments no. teams _____ X \$ 7.46 = \$

Hosted baseball / softball tournaments no. teams _____ X \$ 11.29 = \$

Hosted basketball/volleyball tournaments no. teams _____ X \$ 10.88 = \$

Hosted cheerleading tournaments no. teams _____ X \$ 13.67 = \$

Hosted soccer/ultimate frisbee/flag football tournaments no. teams _____ X \$ 15.35 = \$

Hosted lacrosse/field-floor hockey tournaments no. teams _____ X \$ 19.29 = \$

Camps/Clinics/Skill Testing (Youth and Adult eligible)

Est # days per Year _____ X Est. # of Participants Per Day _____ = _____ X \$ 0.64 = \$

Optional Liability for Independent Contractors (NON-EMPLOYEES) Buy-Back

Additional Insured liability coverage for those independent contractor instructors or trainers while conducting instruction activities on behalf of your business operations.

Average # of Independent Contractors Annually _____ X \$ 25.89 = \$

PRELIMINARY SUBTOTAL = \$

Optional Sexual Abuse/Molestation Buy-Back:

(Preliminary Subtotal)

YES NO _____ X .12 = \$

FINAL SUBTOTAL = \$

(Only applies if you operate at a sports training facility) MINIMUM PREMIUM = \$ \$1,191.11

**GENERAL LIABILITY TOTAL
(Greater of Subtotal or Minimum Premium) = \$ (A)**

General Liability changes shown include premium and all applicable taxes and fees

\$25,000 - ACCIDENT (Must Be Purchased) (Provide Annual Estimates)

Sports Training (Youth and Adult eligible)

(memberships for facility use, batting cages, private/group instruction)

Est# of Days of Operation Per Year _____ X Est. # of Participants Per Day _____ X \$ 0.05 = \$

Teams/Leagues (Youth only except baseball/softball)

Sponsored tennis/golf teams no. teams _____ X \$10.00 = \$

Sponsored baseball / softball teams – Youth no. teams _____ X \$11.50 = \$

Sponsored baseball / softball teams – Adult no. teams _____ X \$14.15 = \$

Sponsored basketball / volleyball teams no. teams _____ X \$11.50 = \$

Sponsored cheerleading teams no. teams _____ X \$14.50 = \$

Sponsored soccer/ultimate frisbee/flag football teams no. teams _____ X \$14.50 = \$

Sponsored lacrosse/field-floor hockey teams no. teams _____ X \$14.50 = \$

Hosted Tournaments (Youth only except baseball/softball)

Hosted tennis/golf tournaments no. teams _____ X \$ 2.00 = \$

Hosted baseball / softball tournaments – Youth no. teams _____ X \$ 2.50 = \$

Hosted baseball / softball tournaments – Adult no. teams _____ X \$14.15 = \$

Hosted basketball / volleyball tournaments no. teams _____ X \$ 2.50 = \$

Hosted cheerleading tournaments no. teams _____ X \$ 3.05 = \$

Hosted soccer/ultimate frisbee/flag football tournaments no. teams _____ X \$ 3.05 = \$

Hosted lacrosse/field-floor hockey tournaments no. teams _____ X \$ 3.05 = \$

Camps/Clinics/Skill Testing (Youth and Adult eligible)

Est# days per Year _____ X Est.# of Participants Per Day _____ = _____ X \$ 0.05 = \$

SUBTOTAL = \$

MINIMUM PREMIUM = \$ 250.00

**ACCIDENT TOTAL
(Greater of Subtotal or Minimum Premium) = \$ (B)**

SFA REQUIRED REGISTRATION FEE = \$ 95.00 (C)

TOTAL AMOUNT DUE [(A) + (B) + (C)] = \$

**OPTION 2: \$2,000,000 GENERAL LIABILITY + \$25,000 ACCIDENT
CHARGE COMPUTATION**

\$2,000,000 - GENERAL LIABILITY (Provide Annual Estimates)

Sports Training (Youth and Adult eligible)

Estimated Annual Receipts

(Include only the following revenue sources: memberships for facility use, batting cages, rental/leasing to outside individuals/groups, private/group instruction)

(Do not include registration fees for teams, camps/clinics and tournaments)

Est. Annual Receipts = _____ divided by 1,000 = _____ X \$22.47 = \$

Teams/Leagues (Youth only except baseball/softball)

Sponsored tennis/golf teams no. teams _____ X \$ 57.79 = \$

Sponsored baseball / softball teams no. teams _____ X \$ 72.81 = \$

Sponsored basketball / volleyball teams no. teams _____ X \$ 80.79 = \$

Sponsored cheerleading teams no. teams _____ X \$ 93.42 = \$

Sponsored soccer/ultimate frisbee/flag football teams no. teams _____ X \$111.74 = \$

Sponsored lacrosse/field-floor hockey teams no. teams _____ X \$140.05 = \$

Hosted Tournaments (Youth only except baseball/softball)

Hosted tennis/golf tournaments no. teams _____ X \$ 9.22 = \$

Hosted baseball / softball tournaments no. teams _____ X \$ 13.98 = \$

Hosted basketball/volleyball tournaments no. teams _____ X \$ 13.46 = \$

Hosted cheerleading tournaments no. teams _____ X \$ 16.99 = \$

Hosted soccer/ultimate frisbee/flag football tournaments no. teams _____ X \$ 20.19 = \$

Hosted lacrosse/field-floor hockey tournaments no. teams _____ X \$ 25.38 = \$

Camps/Clinics/Skill Testing (Youth and Adult eligible)

Est # days per Year _____ X Est. # of Participants Per Day _____ = _____ X \$ 0.77 = \$

Optional Liability for Independent Contractors (NON-EMPLOYEES) Buy-Back

Additional Insured liability coverage for those independent contractor instructors or trainers while conducting instruction activities on behalf of your business operations.

Average # of Independent Contractors Annually _____ X \$ 25.89 = \$

PRELIMINARY SUBTOTAL = \$

Optional Sexual Abuse/Molestation Buy-Back:

(Preliminary Subtotal)

YES NO _____ X .12 = \$

FINAL SUBTOTAL = \$

(Only applies if you operate at a sports training facility) MINIMUM PREMIUM = \$ \$1,429.34

**GENERAL LIABILITY TOTAL
(Greater of Subtotal or Minimum Premium) = \$ (A)**

General Liability changes shown include premium and all applicable taxes and fees

\$25,000 - ACCIDENT (Must Be Purchased) (Provide Annual Estimates)

Sports Training (Youth and Adult eligible)

(memberships for facility use, batting cages, private/group instruction)

Est# of Days of Operation Per Year _____ X Est. # of Participants Per Day _____ X \$ 0.05 = \$

Teams/Leagues (Youth only except baseball/softball)

Sponsored tennis/golf teams no. teams _____ X \$10.00 = \$

Sponsored baseball / softball teams - Youth no. teams _____ X \$11.50 = \$

Sponsored baseball / softball teams - Adult no. teams _____ X \$14.15 = \$

Sponsored basketball / volleyball teams no. teams _____ X \$11.50 = \$

Sponsored cheerleading teams no. teams _____ X \$14.50 = \$

Sponsored soccer/ultimate frisbee/flag football teams no. teams _____ X \$14.50 = \$

Sponsored lacrosse/field-floor hockey teams no. teams _____ X \$14.50 = \$

Hosted Tournaments (Youth only except baseball/softball)

Hosted tennis/golf tournaments no. teams _____ X \$ 2.00 = \$

Hosted baseball / softball tournaments - Youth no. teams _____ X \$ 2.50 = \$

Hosted baseball / softball tournaments - Adult no. teams _____ X \$14.15 = \$

Hosted basketball / volleyball tournaments no. teams _____ X \$ 2.50 = \$

Hosted cheerleading tournaments no. teams _____ X \$ 3.05 = \$

Hosted soccer/ultimate frisbee/flag football tournaments no. teams _____ X \$ 3.05 = \$

Hosted lacrosse/field-floor hockey tournaments no. teams _____ X \$ 3.05 = \$

Camps/Clinics/Skill Testing (Youth and Adult eligible)

Est# days per Year _____ X Est.# of Participants Per Day _____ = _____ X \$ 0.05 = \$

SUBTOTAL = \$

MINIMUM PREMIUM = \$ 250.00

**ACCIDENT TOTAL
(Greater of Subtotal or Minimum Premium) = \$ (B)**

SFA REQUIRED REGISTRATION FEE = \$ 95.00 (C)

TOTAL AMOUNT DUE [(A) + (B) + (C)] = \$

NOTIFICATIONS AND WARRANTY STATEMENT

Effective And Expiration Dates: The submission of this application does not guarantee coverage. Completion of this application confirms the applicant's desire to obtain coverage under this program. Coverage is effective on 3-1-2022 or the date that this application and complete check amount are received and approved by Sadler & Company, Inc., whichever is later and expires one year from the effective date.

Non Admitted Carrier Policyholder Notice: Since General Liability and/or Excess Liability insurance is placed through a non-admitted surplus lines carrier, the policyholder will not have protection through the applicable state guaranty fund in the event of insolvency.

Risk Purchasing Group Disclosure: The completion of this enrollment form confirms our desire to obtain General Liability insurance through ERS Risk Purchasing Group Association, Inc., domiciled in IL, at no additional cost, if such coverage is chosen. Since liability insurance is provided through a risk purchasing group, an insured may not have the protection of an insolvency guaranty fund in some states.

New Exposures Must Be Added: I agree to add any new sponsored teams, hosted tournaments, or camps/clinics/skill testing that were not previously reported on this form, by completing a new Charge Computation Page and forwarding it with the appropriate premium amount to Sadler & Company, Inc. In addition, I agree that any other significant changes in our operations will be promptly reported.

Other Policies Are Offered But Quotes Must Be Requested In Writing: I understand that this enrollment only provides Accident and General Liability. However, Sadler offers other types of insurance policies such as Workers' Compensation, Property (building and contents), Equipment, Event Cancellation, D&O/EPLI Liability, Cyber Risk, Business Auto, Professional Liability, etc. If I am interested in a quote for these other types of policies, I will need to inform Sadler in writing.

Premium Statement: Premiums are fully earned upon acceptance and coverage may not be cancelled.

Warranty Statement: I declare that the statements in the Eligibility Requirements section and the Charge Computation section are complete and true. I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly present false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.


Print Applicant Name:

Title:

Applicant Signature:

Date:

Sign and send this enrollment form with your check payable to Sadler & Company Inc:

Mailing Address: Sadler & Company Inc PO Box 5866 Columbia SC 29250 Phone: 1-800-622-7370	Overnight Address: Sadler & Company Inc 3014 Devine St, 2 nd Floor Columbia SC 29205 Fax: 803-256-4017	 Email: sfa@sadlersports.com
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www.sadlersports.com/sfa

CERTIFICATES OF INSURANCE

- Please indicate the entities below that require a certificate of insurance and complete the requested information.
- The certificates of insurance will be emailed to you for you to deliver to the third party.
- If your certificate holder requires special wording or forms, please send a copy for our review.

(1) Name:

Mailing Address:

City:

State:

Zip:

Relationship to You: Property Owner/Lessor Sponsor
 Other (please describe): _____

CG2011
 CG2026

Waiver of Subrogation
 Endorsement required

(2) Name:

Mailing Address:

City:

State:

Zip:

Relationship to You: Property Owner/Lessor Sponsor
 Other (please describe): _____

CG2011
 CG2026

Waiver of Subrogation
 Endorsement required

(3) Name:

Mailing Address:

City:

State:

Zip:

Relationship to You: Property Owner/Lessor Sponsor
 Other (please describe): _____

CG2011
 CG2026

Waiver of Subrogation
 Endorsement required

Property / Equipment Insurance – For Building/Contents/Equipment

Please complete the information requested below and return it with your completed application in order to receive a quote for Property/Equipment coverage.

Building #1	Building #2	Building #3
<p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office</p> <p>Building Occupied Primarily As: _____ (ex: office, training, retail sales, etc.)</p> <p>Year Built _____ Sq. ft. area _____</p> <p>Sprinklered? Y N</p> <p>Inside City Limits? Y N</p> <p>Number of Stories: _____</p> <p>Building Improvement:</p> <p> Wiring—Yr. Updated: _____</p> <p> Plumbing—Yr. Updated: _____</p> <p> Heating—Yr. Updated: _____</p> <p> Roof—Yr. Updated: _____</p> <p> Roof Type: _____</p> <p>Type of Construction:</p> <p><input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)</p> <p><input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)</p> <p><input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)</p> <p><input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)</p> <p><input type="checkbox"/> Fire Resistive (<i>concrete wall supports and concrete roof supports</i>)</p> <p><input type="checkbox"/> Other: _____</p> <p>Amount of Insurance Needed For 100% Replacement (Brand New):</p> <p> Building: \$ _____</p> <p> Furniture/Equipment/Contents/Stock: \$ _____</p> <p> Computer Hardware/Software: \$ _____</p> <p>Tenants Improvements & Betterments: \$ _____</p> <p>Outdoor Fences/Cages/Equipment In Open: \$ _____</p> <p>Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____</p>	<p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office</p> <p>Building Occupied Primarily As: _____ (ex: office, training, retail sales, etc.)</p> <p>Year Built _____ Sq. ft. area _____</p> <p>Sprinklered? Y N</p> <p>Inside City Limits? Y N</p> <p>Number of Stories: _____</p> <p>Building Improvement:</p> <p> Wiring—Yr. Updated: _____</p> <p> Plumbing—Yr. Updated: _____</p> <p> Heating—Yr. Updated: _____</p> <p> Roof—Yr. Updated: _____</p> <p> Roof Type: _____</p> <p>Type of Construction:</p> <p><input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)</p> <p><input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)</p> <p><input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)</p> <p><input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)</p> <p><input type="checkbox"/> Fire Resistive(<i>concrete wall supports and concrete roof supports</i>)</p> <p><input type="checkbox"/> Other: _____</p> <p>Amount of Insurance Needed For 100% Replacement (Brand New):</p> <p> Building: \$ _____</p> <p> Furniture/Equipment/Contents/Stock: \$ _____</p> <p> Computer Hardware/Software: \$ _____</p> <p>Tenants Improvements & Betterments: \$ _____</p> <p>Outdoor Fences/Cages/Equipment In Open: \$ _____</p> <p>Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____</p>	<p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Home Office</p> <p>Building Occupied Primarily As: _____ (ex: office, training, retail sales, etc.)</p> <p>Year Built _____ Sq. ft. area _____</p> <p>Sprinklered? Y N</p> <p>Inside City Limits? Y N</p> <p>Number of Stories: _____</p> <p>Building Improvement:</p> <p> Wiring—Yr. Updated: _____</p> <p> Plumbing—Yr. Updated: _____</p> <p> Heating—Yr. Updated: _____</p> <p> Roof—Yr. Updated: _____</p> <p> Roof Type: _____</p> <p>Type of Construction:</p> <p><input type="checkbox"/> Frame (<i>wood wall supports and roof supports</i>)</p> <p><input type="checkbox"/> Joisted Masonry (<i>concrete/block wall supports and wood roof supports</i>)</p> <p><input type="checkbox"/> Non-Combustible (<i>metal wall supports and roof support</i>)</p> <p><input type="checkbox"/> Masonry Non Combustible (<i>concrete/block wall supports and metal roof supports</i>)</p> <p><input type="checkbox"/> Fire Resistive(<i>concrete wall supports and concrete roof supports</i>)</p> <p><input type="checkbox"/> Other: _____</p> <p>Amount of Insurance Needed For 100% Replacement (Brand New):</p> <p> Building: \$ _____</p> <p> Furniture/Equipment/Contents/Stock: \$ _____</p> <p> Computer Hardware/Software: \$ _____</p> <p>Tenants Improvements & Betterments: \$ _____</p> <p>Outdoor Fences/Cages/Equipment In Open: \$ _____</p> <p>Sports Equipment That Leaves Premises (maximum value at any one time): \$ _____</p>

Workers Compensation Information

Locations:

#	STREET, CITY, COUNTY, STATE, ZIP CODE

Employers Liability Limits – choose one of the following options:

<input type="checkbox"/> \$100,000 Each Accident <input type="checkbox"/> \$500,000 Disease – Policy Limit <input type="checkbox"/> \$100,000 Disease Each Employee	<input type="checkbox"/> \$500,000 Each Accident <input type="checkbox"/> \$500,000 Disease – Policy Limit <input type="checkbox"/> \$500,000 Disease Each Employee	<input type="checkbox"/> \$1,000,000 Each Accident <input type="checkbox"/> \$1,000,000 Disease – Policy Limit <input type="checkbox"/> \$1,000,000 Disease Each Employee
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Do you have a written Drug Free Workplace Program? _____

Rating Information:

STATE	LOC #	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	OWNER OFFICER INC/EXC	# OF EMPLOYEES	# OF SUBCONTRACTORS/ INDEPENDENT CONTRACTORS	TOTAL PROJECTED ANNUAL PAYROLL*
		8810	Clerical Workers (in office >90%) (No instruction)				
			Outside Sales (out of office > 10%) (No instruction)				
		9015	Instructors/Coaches				
			Other:				
			Other:				

*Includes payments to employees plus payments to uninsured sub contractors

General Information – Explain all “Yes” responses in the space provided below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any work performed underground or above 15 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any work performed on barges, vessels, docks, bridge over water?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is applicant engaged in any other type of business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are sub-contractors used? (If yes, give % of work subcontracted.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is a written safety program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any group transportation provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Any employees under 16 or over 60?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Any seasonal employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there any volunteer or donated labor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any employees with physical handicaps?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do employees travel out of state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are physicals required after offers of employment are made?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are employee health plans provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is there a labor interchange with any other business/subsidiary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do any employees predominantly work at home?

Prior Carrier and Loss History:

YEAR	INSURANCE CARRIER	PREMIUMS PAID	LOSSES PAID
CURRENT			
1ST PRIOR			
2ND PRIOR			
3RD PRIOR			

If any losses paid in past four (4) years, please provide narrative below of circumstances of injury and preventative measures taken: _____