



# 2021 -2022 SFA Endorsed Insurance Plan

## SPORTS FACILITIES OF AMERICA

Available 3-1-2021 to 3-1-2022

### 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 or \$2,000,000 Each Occurrence Limit
- \$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](http://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](http://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](mailto:sfa@sadlersports.com)

# 2021-22 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	\$5,000,000 per event	\$5,000,000 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

\*Coverage for brain injuries for soccer, basketball, cheer, lacrosse, and gymnastics limited to \$2,000,000 each occurrence and \$4,000,000 aggregate, and defense costs included inside the limits.

### 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 sports and activities: golf, tennis, basketball, volleyball, lacrosse, flag football, ultimate frisbee, field/floor hockey, cheerleading, soccer, general strength and fitness, and any other sports or activities that have been approved and endorsed onto the policy. Baseball and softball teams/leagues all ages (including tryouts, practices, games, and tournaments) that have been approved and endorsed onto 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 for running criminal background checks on paid and 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](http://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.

# 2021-2022 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):

Sports Training Facilities

Team/League

Camp/Clinic/Skill Testing

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?

YES  NO

Are basic rules posted and enforced at all times?

YES  NO

Do you make best efforts to obtain certificates of insurance evidencing General Liability for teams, independent contractors, or vendors that use your facility?

YES  NO

#### STAFF AND SUPERVISION

Do you have a staff orientation program and refresher training program?

YES  NO

Do you regularly monitor staff performance as regards following required risk management controls?

YES  NO

Does your staff monitor activity on a regular basis?

YES  NO

Are your customers required to sign an insurance carrier approved waiver / release form prior to participation?

YES  NO

#### FACILITIES / EQUIPMENT

Do regular facility and equipment inspections occur including correction of all hazards?

YES  NO

Do you have appropriate fencing and netting in place to avoid injuries to participants and spectators?

YES  NO

Do you have appropriate walls / fencing in place to prevent trespassers from using your premises after hours?

YES  NO

#### BATTING CAGES

Are customers required to wear batting helmets inside batting cages?

YES  NO

Are batting cages completely self contained or enclosed?

YES  NO

Are customers prohibited from altering the speed settings on the pitching machines?

YES  NO

Are rules, operating instructions, and assumption of risk warnings posted in plain sight?

YES  NO

Are accuracy and maintenance checks performed on a regular basis?

YES  NO

Do you have an age and height requirement for use of the pitching machines?

YES  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, hosted tournaments, or skill testing.)

Est. Annual Receipts = \_\_\_\_\_ divided by 1,000 = \_\_\_\_\_ X \$ 16.22 = \$ \_\_\_\_\_

**Teams/Leagues (Youth only except baseball/softball)**

Sponsored tennis/golf teams no. teams \_\_\_\_\_ X \$ 41.84 = \$ \_\_\_\_\_

Sponsored baseball/ softball teams no. teams \_\_\_\_\_ X \$ 52.78 = \$ \_\_\_\_\_

Sponsored basketball/ volleyball teams no. teams \_\_\_\_\_ X \$ 53.86 = \$ \_\_\_\_\_

Sponsored cheerleading teams no. teams \_\_\_\_\_ X \$ 67.63 = \$ \_\_\_\_\_

Sponsored soccer/ultimate frisbee/flag football teams no. teams \_\_\_\_\_ X \$ 80.79 = \$ \_\_\_\_\_

Sponsored lacrosse/field-floor hockey teams no. teams \_\_\_\_\_ X \$ 101.45 = \$ \_\_\_\_\_

**Hosted Tournaments (Youth only except baseball/softball)**

Hosted tennis/golf tournaments no. teams \_\_\_\_\_ X \$ 6.01 = \$ \_\_\_\_\_

Hosted baseball/ softball tournaments no. teams \_\_\_\_\_ X \$ 10.23 = \$ \_\_\_\_\_

Hosted basketball/volleyball tournaments no. teams \_\_\_\_\_ X \$ 9.74 = \$ \_\_\_\_\_

Hosted cheerleading tournaments no. teams \_\_\_\_\_ X \$ 12.33 = \$ \_\_\_\_\_

Hosted soccer/ultimate frisbee/flag football tournaments no. teams \_\_\_\_\_ X \$ 14.60 = \$ \_\_\_\_\_

Hosted lacrosse/field-floor hockey tournaments no. teams \_\_\_\_\_ X \$ 18.49 = \$ \_\_\_\_\_

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

Est # days per Year \_\_\_\_\_ X Est. # of Participants Per Day \_\_\_\_\_ = \_\_\_\_\_ X \$ 0.47 = \$ \_\_\_\_\_

**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 = \$ 1,035.75

**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, hosted tournaments, or skill testing.)

Est. Annual Receipts = \_\_\_\_\_ divided by 1,000 = \_\_\_\_\_ X \$ 19.46 = \$ \_\_\_\_\_

**Teams/Leagues (Youth only except baseball/softball)**

Sponsored tennis/golf teams no. teams \_\_\_\_\_ X \$ 50.23 = \$ \_\_\_\_\_

Sponsored baseball/ softball teams no. teams \_\_\_\_\_ X \$ 63.42 = \$ \_\_\_\_\_

Sponsored basketball/ volleyball teams no. teams \_\_\_\_\_ X \$ 64.63 = \$ \_\_\_\_\_

Sponsored cheerleading teams no. teams \_\_\_\_\_ X \$ 81.20 = \$ \_\_\_\_\_

Sponsored soccer/ultimate frisbee/flag football teams no. teams \_\_\_\_\_ X \$ 96.95 = \$ \_\_\_\_\_

Sponsored lacrosse/field-floor hockey teams no. teams \_\_\_\_\_ X \$ 121.80 = \$ \_\_\_\_\_

**Hosted Tournaments (Youth only except baseball/softball)**

Hosted tennis/golf tournaments no. teams \_\_\_\_\_ X \$ 8.08 = \$ \_\_\_\_\_

Hosted baseball/ softball tournaments no. teams \_\_\_\_\_ X \$ 12.25 = \$ \_\_\_\_\_

Hosted basketball/volleyball tournaments no. teams \_\_\_\_\_ X \$ 11.70 = \$ \_\_\_\_\_

Hosted cheerleading tournaments no. teams \_\_\_\_\_ X \$ 14.71 = \$ \_\_\_\_\_

Hosted soccer/ultimate frisbee/flag football tournaments no. teams \_\_\_\_\_ X \$ 17.56 = \$ \_\_\_\_\_

Hosted lacrosse/field-floor hockey tournaments no. teams \_\_\_\_\_ X \$ 22.06 = \$ \_\_\_\_\_

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

Est # days per Year \_\_\_\_\_ X Est. # of Participants Per Day \_\_\_\_\_ = \_\_\_\_\_ X \$ 0.56 = \$ \_\_\_\_\_

**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 = \$ 1,242.90

**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 3-1-2021 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.

**Risk Purchasing Group:** Acceptance of General Liability confirms our desire to obtain coverage through the ERS Risk Purchasing Group Association, Inc., domiciled in Illinois.

**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.

**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	Overnight Address: Sadler & Company Inc 3014 Devine St, 2 <sup>nd</sup> Floor Columbia SC 29205	
Phone: 1-800-622-7370	Fax: 803-256-4017	Email: <a href="mailto:sfa@sadlersports.com">sfa@sadlersports.com</a>

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



# 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	<b>Clerical Workers (in office &gt;90%) (No instruction)</b>				
			<b>Outside Sales (out of office &gt; 10%) (No instruction)</b>				
		9015	<b>Instructors/Coaches</b>				
			<b>Other:</b>				
			<b>Other:</b>				

\*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
<b>CURRENT</b>			
<b>1<sup>ST</sup> PRIOR</b>			
<b>2<sup>ND</sup> PRIOR</b>			
<b>3<sup>RD</sup> PRIOR</b>			

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