



Outdoor Insurance Services, INC
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AMATEUR SPORTS FACILITY APPLICATION

SUBMISSION REQUIREMENTS

- Complete ACORD Applications
- Photographs (Inside and Outside of Sports Facility)
- Brochure
- Copy of Applicant's Accident & Health Policy
- Currently valued insurance company loss runs for the current policy period plus (3) prior years
- Copy of Waiver of Liability Used

ACCOUNT INFORMATION

Applicant Name:

Effective Date:

Annual Gross Revenues: \$

Months of Operation:

Accident / Medical Coverage Limits Carried (Per Accident)

None \$5,000 \$10,000 \$25,000 \$50,000 \$100,000 \$1,000,000

Are there procedures in place to verify that individuals and parents carry their own health insurance? Yes No

If the Applicant does not have Accident & Medical coverage do you need a quote? Yes No

Risk Management Contact:

Risk Management's Phone:

Risk Management's Email:

UNDERWRITING INFORMATION

GENERAL INFORMATION

- Does the Applicant belong to any national, state, or local sports association? Yes No
If yes, please explain below.
- Does use of the sports facility require eligibility requirements? Yes No
- Does the Applicant or your staff trained/certified in CPR or first aid? Yes No
- Does the Applicant require a completed waiver from all who use the sports facility? Yes No
- Is parent's signature required for minors? Yes No
- Does the Applicant have a written incident report procedure in place? Yes No
- Does the Applicant keep a log of all incidents? Yes No
- Does the Applicant have stated concussion protocol and/or guidelines?
If yes, please provide a copy. Yes No
- Are coaches/trainers employees? Yes No
- If no, do they furnish certificates of insurance? Yes No
- Does the Applicant require a facility rental agreement? Yes No
If yes: Individuals Leagues Groups
- By law, what is the maximum capacity of the facility:
- Staff: Number of Full Time: Number of Part Time:
- Staff: Number under 18 years old: 18-25 years old: Over 25:
- Does the Applicant maintain a full-time security staff? Yes No
If yes, number of personnel devoted to security:
If yes, is security staff: Employed Sub-contracted
If sub-contracted, do they furnish a certificate of insurance? Yes No

16.	Does the Applicant have equipment rentals?			Yes	No
	If yes, who operates the rental operation:	Applicant	Sub-contractor		
	If sub-contractor, do they furnish a certificate of insurance?			Yes	No
17.	Does the Applicant sponsor a team? If yes, explain:			Yes	No
	If yes, are they members of a sanctioned league?			Yes	No
	If yes, indicate sanctioning body:				
18.	Is spectator seating provided by your facility?			Yes	No
	If yes, maximum seating capacity:				
	If yes, type of seating:	Permanent	Portable		
	If yes, type of seating:	Wood	Metal	Concrete	Other:
	If yes, is there a barrier (net, glass, etc.) between field and seats?			Yes	No
	If yes, are non-slip surface treads used on all stairs?			Yes	No
19.	Does the Applicant have locker rooms?			Yes	No
	If yes, are the rooms monitored?			Yes	No
20.	Does the Applicant have shower rooms?			Yes	No
	If yes, are they open to the public?			Yes	No
	If yes, are non-slip surfaces used in the shower area?			Yes	No
21.	Are parking lots & curbs maintained (cleared) during winter storms?			Yes	No
	If yes, is it done by:	Applicant	Sub-contractor		
22.	When a storm occurs, is there a procedure in place to remove ice and snow from roof immediately as to avoid roof collapse? If yes, please explain:			Yes	No
23.	Does the Applicant operate a baby sitting service?			Yes	No
	If yes, what is the maximum amount of time child is supervised:				
	If yes, what is the ratio of adults to children:		to		
24.	Does the Applicant have a concussion awareness and management program in place?			Yes	No
25.	If a concussion is suspected, do you comply with state requirements to leave a game or practice immediately and return only after at least 24 hours and with permission of a healthcare professional?			Yes	No
26.	Does the Applicant currently utilize any concussion impact monitoring technology?			Yes	No
	a. If yes, name of manufacturer:				
	b. If yes, who monitors the data:				
		Coaches	Employees	Volunteers	3 rd Party

LIFE SAFETY

1.	Is exit emergency lighting provided?			Yes	No
	If yes, how often is it inspected:				
2.	Are exit doors equipped with panic hardware?			Yes	No
3.	Are exit doors ever chained or locked?			Yes	No
4.	Is there a fire detection system (smoke/heat)?			Yes	No
	If yes, describe:				
	If yes, are there manual pull stations on premises?			Yes	No
5.	Are there written emergency evacuation plans?			Yes	No
6.	Are employees familiar with appropriate evacuation procedures?			Yes	No
7.	Is smoking permitted on premises? If yes, describe:			Yes	No

FOOD AND BEVERAGES

1.	Does the Applicant operate a concession stand?			Yes	No
	If yes, is it self service?			Yes	No
	If yes, are there designated eating areas?			Yes	No
	If yes, cooking equipment is:	Electric	Gas	Propane	
2.	Are there any grills and /or deep fryers on premises?			Yes	No
	If yes, are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls?			Yes	No
	If yes, how often is the system cleaned:				

ABUSE & MOLESTATION

N/A

1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? Yes No
2. Does the Applicant's state permit you to do criminal background investigations? Yes No
If yes, does the Applicant routinely request and receive such background investigations? Yes No
3. Does the Applicant verify employment-related references? Yes No
4. Does the Applicant conduct a personal interview? Yes No
5. Does the Applicant have written procedures for dealing with sexual abuse? Yes No
If yes, please attach a copy.
6. Does the Applicant have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises? Yes No
7. Has the Applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
If yes, please describe:
 - a) Was a claim made against the organization? Yes No
 - b) Was the case settled? Yes No
 - c) Was the case taken to trial? Yes No
 - d) How much money was paid as damages to victim: \$
8. Regarding coverage for Abuse & Molestation, does your current program:
 - Exclude coverage
 - Limit coverage (please indicate limit) \$
 - Neither exclude nor limit coverage
9. Please indicate age range of clients: From: _____ To: _____

EXPOSURE INFORMATION

ITEMIZED RECEIPTS

Practice	\$	
Competition	\$	
Shows/Events	\$	
Parties	\$	
Pro Shop	\$	
Food	\$	
Beverages	\$	(Non-Alcohol)
	\$	(Alcohol)
Other	\$	(Describe Below)
TOTAL	\$	

PERCENTAGE RENTAL

Youth League	%
Adult League	%
Non-League Rental	%
Other: (Describe below)	%

Notes for this section:

BATTING CAGES – Waiver and Release Required

Annual Receipts: \$

How many: _____ Manufacturer: _____
Min. age requirement: _____ Mfg. age / speed recs. posted? _____

1. Clearly marked for right or left handed hitters? Yes No
2. Are home plates clearly marked? Yes No
3. Machine velocity checked or calibrated? Yes No
If yes, by whom: _____
4. Are records kept? Yes No For how long? _____
5. Are pitching machine settings able to be altered by hitters? Yes No
6. Helmet or other safety equipment required to be used by participants in cages? Yes No
7. Light or similar indicator when last ball has been pitched? Yes No

NUMBER, TYPE, AND SIZE OF COURTS / PLAYING FIELDS

Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

Applicant Name:

Mailing Address:

City:

State:

Zip:

Website: www:

1. Nature of Operations:

2. Annual sales or revenue: \$

3. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
If yes, please indicate the types of Personally Identifiable Information held. (check all that apply):

Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers

Non-Public Medical or Healthcare Data, including Protected Health Information (PHI)

Credit or Debit Card Information

4. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No

b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No

c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No

d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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