

New Hampshire Insurance Company

Administrative Offices

70 Pine Street

New York, NY 10270

National Union Fire Insurance Company of Pittsburgh, Pa.

New Hampshire Insurance Company

Granite State Insurance Company

Minor League Sports Supplemental Application

All questions must be fully and completely answered. If there is not enough room in the space provided, a separate page(s) may be attached. Please mark "N/A" any question that does not apply to your operation.

1. Name of Applicant: _____

2. Agency/Broker Name: _____

General Information

1. Stadium name and address: _____

A. Is the facility: Owned _____ Leased _____

B. Type of Facility: Outdoor Stadium _____ Indoor Stadium _____ Other _____

C. Capacity of Facility _____

D. Type of protection used to safeguard the spectators _____

E. Number of total Staff _____ Full Time _____ Part Time _____ Volunteers _____

F. Months of Operation: _____ Days of Operation: _____ Hours of Operation: _____

G. Response time/distance to nearest Fire Station: _____ Paid Volunteer Ambulance/Hospital: _____

H. Number of Medical Personnel on premise during events: _____

? Estimated annual turnstile attendance: _____

J. Gross receipts from all ticket sales: \$ _____ Annual Souvenir Receipts: \$ _____

4. During home games, please select the party responsible for the following activities, or include a description under Other:

	Stadium/ Facility	Team	Other(Describe)	Insurance Certificate on file?
A. Alcohol Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Concessions	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Fireworks Display	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. First Aid (Medical Personnel)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Referees	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a copy of all contracts for subcontracted services.

5. Do all public areas meet local/county/state codes? Yes No

Please provide details:

A. Type of Flooring _____

B. Are rules posted and enforced at all times? Yes No

C. Are parking areas well lit and patrolled? Yes No

D. Are restrooms monitored/cleaned during events? Yes No

E. Are crews on duty and prepared to clean up spills and public areas as needed? Yes No

6. Please list and give details on all Special Events (i.e. Concerts, Exhibition Games, Off Season Events, Skate Parks) that are not game related: _____

7. Please list and give details of all patron interactive activities: _____

8. Do participant in these activities sign a waiver? Yes No
9. Is there an age requirement? Yes No If yes, what is the minimum age requirement? _____
10. Is there adequate supervision by staff? Yes No
11. Are parents/guardians required to be present for children's activities? Yes No
12. Is there a designated person in charge of security on game days? Yes No
13. How long has this person held this position? _____
14. How many security personnel are utilized on game day? _____ Number Armed _____ Number Unarmed _____
15. Does Security utilize dogs on game day? Yes No If yes, how many dogs: _____ Capacity: _____
16. How many ushers are used on game day? Employees: _____ Volunteers: _____
17. Is there an emergency evacuation plan established for the facility? Yes No
18. Are there any structural alterations to the stadium or any owned/leased building contemplated within the next 12 months? Yes No
If Yes, describe: _____

Liquor Liability Information

1. Are alcoholic beverages sold? Yes No Beer and Wine Only? Yes No
If yes, do you have a liquor license? Yes No
2. Have you ever been fined or had your license revoked or suspended? Yes No
3. Do all servers including volunteers receive alcohol awareness training? Yes No
Explain your answer: _____
4. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
5. Do you stop serving at least one hour prior to closing? Yes No
6. Annual Liquor Receipts: \$ _____ Annual Concession Receipts: \$ _____

Fireworks Display Information

1. Date(s) of fireworks exposure: _____
2. Specific location of fireworks display(s): _____
3. Name of organization shooting fireworks: _____
We require liability insurance of at least \$1,000,000 limit and that they must name our insured as additional insured under their policy.
4. Firefighting equipment on site of event: Fire Extinguishers Standpipes Fire Hydrants Fire Personnel Other
If Other Describe: _____
- Distance to nearest fire station: _____ Fire protection is: Volunteer Paid

Inflatables Information

Type of inflatables (official name): _____

use attach photos of each inflatable.

- A. Location in stadium: _____
- B. Average number of participates for each inflatable and their age group: _____
- C. Minimum number of volunteers or employees overseeing activities: _____

- 2. Is inflatable: Owned Rented Leased
If owned, age of each inflatable: _____
- 3. Are parents required to remain at the site? Yes No
- 4. Are there any requirements to enter the inflatable? (removal of shoes, glasses, etc.) _____
- 5. What type of training/background do the employees have that are operating the inflatables? _____
- 6. Are waiver/release or consent forms signed by all participates/legal guardians prior to use by participate? Yes No

Hot Tub/Swimming Pool Information

- 1. Do you have a hot tub? Yes No Do you have a swimming pool? Yes No

If yes to either exposure, please answer the following questions.

- 2. Was it installed by a licensed contractor? Yes No Who maintains/services the hot tub/swimming pool? _____
Are they trained? Yes No
- 3. How often is the water changed? _____ Chemicals checked? _____
- 4. Are the chemicals: Stored Subcontracted If stored, where? _____ How much? _____
How is the hot tub/swimming pool sectioned off from the bleacher/spectator area? _____
- 6. How is access controlled and supervised during the game and at all other times? _____
- 7. How are individuals using the hot tub/swimming pool protected from baseballs entering the area? _____
- 8. Are minors permitted to use if accompanied by an adult? Yes No If permitted, what is the minimum age? _____
- 9. What are the maximum number (capacity) and average number of patrons allowed at one time in the hot tub? _____
in the swimming pool? _____
- 10. Are all patrons required to sign a waiver/release prior to being permitted to enter the hot tub? Yes No

Hired/Non-owned Automobile Liability Information

- 1. Do you have a Business Auto Policy for owned auto? Yes No

If yes, please include Hired/Non-owned coverage under your Business Auto Policy.

If no, please complete the following questions.

We require at least \$300,000 liability limits before an employee or volunteer can use their auto.

- 2. Do employees or volunteers routinely use their autos for company business? Yes No
If Yes, confirm that a minimum of \$300,000 liability limit is carried by all who use their own auto on company business: Yes No
- 3. Do you run motor vehicle reports on each employee and volunteer? Yes No
If Yes, do you run them annually? Yes No
- 4. Do you have a Driver Safety Program including MVR requirements? Yes No

Number of Employees: _____ Number of Volunteers: _____