

LEXINGTON INSURANCE COMPANY

Administrative Offices

100 Summer Street

Boston, Massachusetts 12110

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: _____

2. Estimated annual turnstile attendance: _____

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

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

Table with 5 columns: Activity, Stadium/Facility, Team, Other(Describe), Insurance Certificate on file? (Yes/No). Rows include Alcohol Sales, Concessions, Fireworks Display, First Aid (Medical Personnel), Maintenance, Parking, Security, Ticket Sales, Referees.

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: _____

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: _____
5. Distance to nearest fire station: _____ Fire protection is: Volunteer Paid

Stables Information

1. Type of inflatables (official name): _____

Please attach photos of each inflatable.

A. Location in stadium: _____

B. Average number of participants 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 participants/legal guardians prior to use by participants? 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? _____

5. 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? _____

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

5. Number of Employees: _____ Number of Volunteers: _____

What type of vehicles do you anticipate hiring this year (trucks, cars, buses)? _____
ase provide Make/Model/Size of all units.

7. What is the estimated cost of lease or hire the vehicles? _____ How many times per year? _____ Average Distance _____
- What is the use of the leased or hired auto? Please explain: _____
9. Does the leasing company provide drivers or do you use your own? _____
10. Do you purchase liability insurance from the leasing company? _____
11. Does the vehicle owner(s) require you to provide primary insurance and to add them as additional insureds? Yes No

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.