

SECTION 3: EMPLOYMENT & STANDARDS

1. Does the organization require Waiver/Release forms from all participants or guardians, if appropriate? Yes No N/A
2. If not, will you institute a program for Waiver/Release forms? Yes No N/A
3. Is a written, signed employment application required for all prospective employees and volunteers? Yes No
4. If yes, does the written employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
5. Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? Yes No
6. How do you verify employment and/or volunteer related references? In person By telephone Do not verify
7. Do you conduct a personal interview with all prospective employees and volunteers? Yes No
8. Do you maintain documentation of employment/volunteer applications and background checks? Yes No
9. Do you have an employee handbook? Yes No

SECTION 4: SML COVERAGE

1. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? Yes No
2. Does the employment application for your paid staff and volunteers include questions about whether the individual has ever been convicted of any crime, including sex-related or child abuse-related offenses? Yes No
3. Do you document it? Yes No
4. Do you have a plan of supervision that includes monitors staff including volunteers in day-to-day relationship with the children? Yes No
5. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? Yes No

SECTION 5: CONCUSSION PROTOCOLS

1. Does your organization have a written concussion policy that is in compliance with current state legislation? Yes No
2. Do you distribute the written policy to coaches, parents and players and require parents to acknowledge that they have received and reviewed? Yes No
3. Does your concussion policy require a medical doctor's release prior to the child returning to play? Yes No
4. Does your concussion policy mandate that all coaches participate in concussion training at least once every two years? Yes No
5. Does your organization utilize baseline testing? Yes No



SECTION 6: BATTING CAGES

Are camps/events held?* Yes No N/A Number of pitching machines: _____

**If yes, please contact your underwriter for any additional supplemental needed.*

Do you have any other amusement devices and/or activities such as but not limited to go carts, inflatables and arcades? Yes No

If yes, please explain: _____

Do you have any baseball fields? Yes No If yes, how many? _____

Any safety equipment modification made by you? Yes No

If yes, please explain: _____

SECTION 7: POLICY LIMITS, COVERAGES AND ENDORSEMENTS

Policy Limits

Occurrence Limit: _____ General Aggregate Limit: _____

Personal & Advertising Limit: _____ Products - Completed Operations Aggregate: _____

Coverages and Endorsements

Damage to premises rented to you: _____

SML Limits (Select One): \$25,000 \$50,000 \$100,000 \$500,000 \$1,000,000

Add Additional Insured(s):

Other - Name: _____ Manager/Lessors Name: _____

Designated Person/Organization Name: _____

State or Political Subdivision Permits - Name: _____



SECTION 8: HISTORY

Claims History

Has the organization had any GL/and/or Sexual Abuse and Molestation claims and/or incidents in the last three years? Please include current valued loss runs.

Yes No

Policy History

Is there prior insurance coverage? Yes No

Current Insurance Carrier: _____

Has insurance coverage been denied, canceled or non-renewed in the last three years? Yes No

If yes, please explain: _____

Will accident and health coverage be in place for all participants? Yes No If so, what limit? _____

Who will the A&H medical coverage be placed with? _____

What is the deductible amount on the A&H medical policy? _____

DECLARATIONS

I declare the statements and particulars in this application are true and that no material facts have been misstated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature

Date

Position