

Company Name: _____

DBA: _____

Additional Named Insureds: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Phone: _____

FEIN #: _____

☐ Individual
 ☐ Corporation
 ☐ Partnership
 ☐ Limited Liability Corp

☐ Joint Venture
 ☐ Organization
 ☐ University
 ☐ Other

Effective Date: _____ Expiration Date: _____

Website: _____ Is this operation for profit? ☐ Yes ☐ No

☐ Facility - Choose One ☐ Climbing Gym* ☐ Amateur League (List Sport) _____
☐ Camp Choose One ☐ Ice Rink* ☐ Special Events (List Sport) _____
☐ Higher Edu. Intramural/
Academic Club ☐ Circus/Aerial Arts ☐ Tournament (List Sport) _____

If other, please describe: _____

**Indicates supplemental application must be emailed to underwriter.*

[illegible]

Updated 02.2020

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