



APPLICATION for: **SPORTS AND LEISURE**
Underwritten by Underwriters at Lloyd's, London

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

1. The Application must be signed by an executive officer.
2. This Application and all exhibits shall be used for purposes of this coverage only.
3. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. GENERAL INFORMATION

1. Contact Person: _____ Contact Person Title: _____
Phone No.: _____ Fax No.: _____
Email: _____

2. Name of proposed Insured ("Applicant"): _____
Address: _____
City, State, Zip: _____
Website: _____

SECTION II. REQUESTED INSURANCE LIMITS

1. GENERAL LIABILITY

GENERAL AGGREGATE: \$ _____
PER OCCURRENCE: \$ _____
PERSONAL/ADVERTISING \$ _____
PRODUCTS/OPERATIONS \$ _____
FIRE DAMAGE: \$ _____
MEDICAL EXPENSE \$ _____

2. EXCESS:

AGGREGATE LIMIT: \$ _____
EACH OCCURRENCE LIMIT: \$ _____

3. ACCIDENTAL MEDICAL COVERAGE (REQUIRED IN ORDER TO PLACE PARTICIPANT LIABILITY COVERAGE)

IF YOUR ORGANIZATION DOES NOT HAVE AN UNDERLYING ACCIDENT MEDICAL POLICY, YOU WILL NEED TO PURCHASE AND SHOW PROOF TO RECEIVE PARTICIPANT LIABILITY COVERAGE.

SECTION III. DESCRIPTION OF RISK

1. Location Name: _____

Address: _____

City, State, Zip: _____

2. Name of League, Team and/or Event: _____

3. Description of Sport, Schedule or Event (if more than one event, complete schedule of events section): _____

4. Effective dates desired: _____ TO _____

5. Day or Overnight Events, please describe: _____

6. Attendance & Participants:

Participant Breakdown (#):

Staff & Volunteers: _____ (total)

12 & under: _____

Participants/Athletics: _____ (total)

Age 13-15: _____

Spectators: _____ (total)

Age 16-18: _____

Scheduled Event Days: _____ (total)

Adults: _____

7. Does your organization utilize a "Waiver of Liability?" Yes No
If yes, please attach to Application.

8. Does your organization have an underlying participant accident medical policy? Yes No
If yes, what limits: _____

9. Previous insurance carrier: _____ Premium: \$ _____

10. Have you had any losses or claims? Yes No
If yes, please explain: _____

If available, please provide three (3) years loss runs. If not available, please explain: _____

11. Is security provided? Yes No

Security provided by whom? _____

Number of security people on duty at one time? _____

12. Number of Medical Personnel: Paramedic: _____ EMT/EMS: _____ Nurse: _____ Other: _____

13. Are events in compliance with city, state & county safety and fire codes? Yes No

14. Is there an emergency evacuation plan at events? Yes No

Please explain: _____

15. Is live music or entertainment provided? Yes No

Please list band and performer names, if applicable: _____

16. Events primarily indoor or outdoor, please explain: _____

17. Type of seating at the event and who is providing. Please explain: _____

18. Are there any stages? Yes No

If yes, are they permanent or temporary? _____ Is a Certificate of Insurance provided by provider? Yes No

19. Are there any tents? Yes No
If yes, who is responsible for the setup? _____
A Certificate of Insurance **MUST BE** provided by provider.

20. Is there any temporary lighting? Yes No
If yes, who is responsible for the setup? _____
A Certificate of Insurance **MUST BE** provided by provider.

21. Estimated Gross Receipts: \$ _____ Admission Charge: \$ _____
Estimated Budget: \$ _____ Estimated Expenses: \$ _____

22. Additional Insured Information (usually the facility):
a. Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____

b. Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____

c. Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____

23. Is alcohol being **served** or **sold**? Yes No
If yes, by whom? _____
Company writing the Liquor Liability insurance: _____

24. a. Who is providing food and beverages, if any? _____
b. Can food and beverages vendor provide Certificate of Insurance? Yes No

25. Are there going to be vendors or trade booths? Yes No
a. Number of vendors or booths at each show: _____
b. Types of products and services provided by vendors: _____
c. Are the vendors/trade booths required to provide Certificate of Insurance naming the organizer as an Additional Insured? Yes No

CONCUSSIONS - ATHLETICS

1. Does the applicant have a written concussion awareness and management program in place? Yes No
If yes, where applicable, is it compliant with current state legislation? Yes No
If yes, does this include understanding a concussion and the potential consequences of this injury? Yes No N/A
If yes, does this include recognizing the signs/symptoms of a concussion or other closed head injury and how to respond? Yes No
If yes, does this include learning about steps for returning to activity after a concussion? Yes No
If yes, does this include focusing on prevention and preparedness to help keep participants safe? Yes No

*** A copy of written program is required upon binding.**

2. Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention? Yes No
3. Does the insured communicate and distribute education materials to participants and/or parents/guardians of minors about the nature of risk of concussions, including, but not limited to, how to recognize concussion symptoms, in written or electronic form? Yes No
4. Does the insured require the participants and/or parents/guardians of minors to sign an acknowledgment that they have received and reviewed? Yes No

5. If a concussion is suspected, does the applicant require the participant to leave the game or practice immediately? Yes No
6. Does the applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play? Yes No
7. Does the applicant utilize base line testing? Yes No
8. Does the applicant currently utilize any concussion impact monitoring technology? Yes No

If yes, please describe: _____

Name of manufacturer: _____

Who monitors the data: Coaches Employees Volunteers Third Party

BATTING CAGES

N/A

1. Who is the manufacturer? _____
2. Minimum age of participants: _____
3. Number of machines: _____
4. Slow pitch Fast pitch
5. Maximum ball speed in Slow Pitch: _____
6. Maximum ball speed in Fast Pitch: _____
7. Balls approved by manufacturer? Yes No
8. Are machine velocities checked or calibrated? Yes No
- If yes, by whom? _____
9. Are records kept? Yes No
- If yes, how long? _____
10. Are home plates clearly marked for left-handed and right-handed participants? Yes No
11. Can pitching machines be altered by participants? Yes No
12. Are helmets required? Yes No
13. Is there a light indicator when last ball has been pitched? Yes No
14. Are participants allowed to swing bats outside of batting cages? Yes No
15. Are ALL the rules posted on cage indicating warnings and rules? Yes No
16. How many supervisors are present? _____

ABUSE AND MOLESTATION

N/A

1. Requested Limit: Occurrence: \$ _____ Aggregate: \$ _____
2. 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
3. Does the applicant's state permit him/her to do criminal background investigations? Yes No
- If yes, does the applicant routinely request and receive such background investigations? Yes No
4. Does the applicant verify employment-related references? Yes No
5. Does the applicant conduct a personal interview? Yes No
6. Does the applicant have written procedures for dealing with sexual abuse? Yes No
7. Will any independent contractors have access to children/clients or perform operations where they will be physically touching another person? Yes No
- If yes, please explain: _____
- Does the applicant perform background checks on hired independent contractors? Yes No
8. 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
9. Has the applicant ever had an incident which resulted in an allegation of sexual abuse? Yes No
- If yes, please explain: _____
- Was a claim made against the organization? Yes No
- Was the case settled? Yes No
- Was the case taken to trial? Yes No
- How much money was paid as damages to victim: \$ _____
10. Regarding coverage for Abuse and Molestation, does your current program: Exclude coverage Limit coverage (please indicate limit): \$ _____ Neither exclude nor limit coverage
11. Please indicate age range of clients: From: _____ To: _____

12. Does the applicant provide training to employees, volunteers/parents, athletes for Abuse and Molestation?
 13. Does the applicant comply with SafeSport?

Yes No
 Yes No

SECTION IV. CONCESSIONARIES, EXHIBITORS & VENDORS

1. Number of event days: _____
2. Event Locations: _____

3. Facility or location of event: Name: _____
 Address: _____
 City, State, Zip: _____
4. Describe the type of products being sold or service being provided: _____

5. Select one of the following that best describes your business operations:
- | | |
|---|--|
| <input type="checkbox"/> Food concessionaire or vendor | No. of food-selling locations or trailers: _____ (unit) |
| <input type="checkbox"/> Micro reality race tracks | No. of micro reality race tracks: _____ (unit) |
| <input type="checkbox"/> Trailer - non-food, games or merchandise | No. of trailers: _____ (unit) |
| <input type="checkbox"/> Push carts or kiosks | No. of push carts/kiosks: _____ (unit) |
| <input type="checkbox"/> Home-based wedding vendor (this type of operation is available only for a single event coverage period) | Service being provided: _____ |
| <input type="checkbox"/> Performing group (this type of operation is available only for a single event coverage period) | Type of performing group: _____
Style of music: _____ |
| <input type="checkbox"/> Tent or outdoor vending area | Provide square footage: _____ |
| <input type="checkbox"/> Tradeshow exhibit or booth | Provide square footage: _____ |

6. If applying for single event coverage (one month or less), please provide the following information:
- Name of event: _____
- Hours of event: _____ A.M./P.M. to _____ A.M./P.M.
- Date(s) of event (including set-up/tear-down): _____ to _____
- Location of event (Venue name): _____
- Street address: _____ City: _____ State: _____ Zip: _____

SECTION V. LIQUOR LIABILITY

1. Name on Liquor License: _____
2. Liquor License Number: _____ Class of License: _____
3. Type of facility or event where liquor will be sold: _____

4. Number of event days that coverage is required: _____

5. Opening and closing hours of event(s): _____

6. Opening and closing hours of liquor sales: _____

7. Has Applicant's liquor license ever been revoked or suspended? Yes No

If yes, please explain: _____

8. Has Applicant incurred claims for liquor liability during the last three (3) years? Yes No

If yes, please explain: _____

9. Has any insurer canceled or non-renewed coverage during the last three (3) years? Yes No

If yes, please explain: _____

10. Has Applicant ever been fined by an alcoholic beverage control or other governmental regulator? Yes No

If yes, please explain: _____

11. Type of alcoholic beverages sold: _____

12. Annual Gross Sales:

Liquor Sales: \$ _____ Food Sales: \$ _____ Other: \$ _____

13. Are patrons allowed to carry alcoholic beverage onto the premises? Yes No

If yes, what type? _____

14. Do you exercise the right of search and seizure of contraband items? Yes No

If yes, how do you notify the public of this? _____

15. Do you maintain security personnel and are they trained to deal with liquor problems? Yes No

Please describe program: _____

16. Are the alcohol sales and consumption contained within one fixed site, or are booths/stands scattered throughout the event site?

17. Number of servers used? _____ Professionals: # _____ Volunteers: # _____

18. Do the servers receive any type of alcohol awareness training? Yes No

If yes, please explain (attach training manuals used): _____

19. Median age of customers: 18-25 26-30 31-40 41 and over

20. Explain how IDs are checked: _____

21. a. Are uniformed police officers present at the site of alcohol sales? Yes No

b. Is private security present? Yes No If yes, how many? _____

c. Are undercover police officers present? Yes No If yes, how many? _____

22. Are rules and regulations clearly displayed for patrons viewing? Yes No

Please explain: _____

23. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No

Please explain: _____

24. Is there any type of designated driving program? Yes No

Please explain: _____

25. a. Limits of Liability requested: _____

b. Any Excess Coverage required? Yes No If yes, what amount: \$ _____

26. Comments, if any:

SECTION VI. HIRED / NON-OWNED AUTO

1. Named Insured: _____

2. Do you have a Business Auto Policy for owned autos? Yes No

If yes, can coverage be obtained under your Business Auto Policy? Yes No

If no, please explain: _____

HIRED AUTO LIABILITY

1. During the last three (3) years have you leased, borrowed or hired any vehicles for your business? Yes No

2. If you anticipate some usage this year:

a. What type of vehicles (trucks, cars, buses)? _____

b. What is the estimated cost to lease or hire the vehicles? _____

3. When leasing, hiring or borrowing, are the vehicles used to:

a. Transport participants, volunteers or staff only? Yes No

If yes, how many? _____ For how long? _____

Number of times per year: _____ Distance traveled per trip? _____

b. Haul equipment: Yes No

If yes, please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:

Maximum number of passengers each vehicle carries: _____ Distance traveled per trip? _____

How long will the vehicles be used? _____ Year built: _____ Cost new: _____

5. Does the leasing company provide drivers or do you use your own? _____

6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as Additional Insureds? Yes No
If yes, please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____
9. Do you hire vehicles for more than or less than thirty (30) days for any one time? More Less
If more than thirty (30) days, vehicles should be scheduled.

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No
If yes, please provide details regarding duties involved: explain: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No
3. Do you run motor vehicle reports on each employee? Yes No

4. Please explain what other controls you have in place to protect your company's liability: _____

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

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____

3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No

4. What is the maximum number of vehicles leased at one time? _____

5. Please provide the garage location of the vehicles (city and state): _____

6. Requested Comprehensive Deductible? \$ _____ Collision Deductible: \$ _____

LIST OF DRIVERS

<u>Name</u>	<u>Birth Date</u>	<u>Driver's License Number</u>	<u>State Licensed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Agent)

Applicant Signature: _____

Date: _____

Name: _____
(Please Print)

Title: _____

Date: _____

SCHEDULE OF EVENTS*
***Can be attached or included with submission**

1. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
2. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
3. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
4. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
5. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
6. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
7. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
8. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total

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