



Amateur Sports Facility Application

Please complete the following application. As sports facilities vary, some question may not be applicable. Please indicate N/A where necessary.

GENERAL INFORMATION

1. Facility Name: _____
Legal Name: _____
2. Facility Address: _____
(Street) (City, State, Zip)
Mailing Address(if different): _____
(Street) (City, State, Zip)
3. Contact Person: _____ Birth Date: _____
4. Telephone Number: (_____) _____ Fax Number: (____) _____
5. Web site address: _____ Date of Formation: _____
6. Person responsible for general operation of facility activities: _____
Years of experience and type of experience: _____
7. How do you wish to receive your quotation? ☐ Via Fax (____) _____
☐ Via E-mail _____
☐ Via Mail

INSURANCE INFORMATION

8. Current Policy Expiration Date: _____
Current Insurance Co: _____
Current Expiring Premium: _____
9. Has any insurer ever canceled or refused coverage? ☐ Yes ☐ No
If yes, please explain: _____
10. Please mark the boxes for those sports that apply.

| <u>SPORT</u> | <u>No. of Adults</u> | <u>No. of Youth</u> |
|-------------------------------------|----------------------|---------------------|
| <input type="checkbox"/> Aerobics | _____ | _____ |
| <input type="checkbox"/> Badminton | _____ | _____ |
| <input type="checkbox"/> Baseball | _____ | _____ |
| <input type="checkbox"/> Basketball | _____ | _____ |

| | | |
|---|-------|-------|
| <input type="checkbox"/> Batting Cages | _____ | _____ |
| <input type="checkbox"/> Boxing | _____ | _____ |
| <input type="checkbox"/> Cross Country Skiing | _____ | _____ |
| <input type="checkbox"/> Field Hockey | _____ | _____ |
| <input type="checkbox"/> Fitness/Health Club | _____ | _____ |
| <input type="checkbox"/> Flag Football | _____ | _____ |
| <input type="checkbox"/> Floor Hockey | _____ | _____ |
| <input type="checkbox"/> Golf | _____ | _____ |
| <input type="checkbox"/> Ice Hockey | _____ | _____ |
| <input type="checkbox"/> Lacrosse | _____ | _____ |
| <input type="checkbox"/> Martial Arts | _____ | _____ |
| <input type="checkbox"/> Roller Hockey | _____ | _____ |
| <input type="checkbox"/> Soccer | _____ | _____ |
| <input type="checkbox"/> Softball | _____ | _____ |
| <input type="checkbox"/> Tennis | _____ | _____ |
| <input type="checkbox"/> Track | _____ | _____ |
| <input type="checkbox"/> Volleyball | _____ | _____ |
| <input type="checkbox"/> Weightlifting | _____ | _____ |
| <input type="checkbox"/> Wrestling | _____ | _____ |
| <input type="checkbox"/> Ultimate Frisbee | _____ | _____ |
| <input type="checkbox"/> Skate Park | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |

COVERAGES AND LIMITS

Limit

| | | |
|-----|---|----------|
| 11. | Commercial General Liability | \$ _____ |
| | General Aggregate | \$ _____ |
| | Participant Legal Liability | \$ _____ |
| | Products & Completed Operations (aggregate) | \$ _____ |
| | Personal and Advertising Injury | \$ _____ |

12. Other coverage needs: _____

UNDERWRITING

13. Total Annual Gross Receipts: \$ _____ Admissions: \$ _____
Concessions: \$ _____ Retail: \$ _____
Fees: \$ _____
14. Do you own or rent your facility? ☐ Own ☐ Rent
If rented, please provide a copy of the rental agreement from the building owner.
15. Do you rent your facility to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)?
☐ Yes ☐ No If yes, please explain _____
16. Square Footage of Facility: _____
17. Number of employees: _____ Full-time _____ Part-time
18. Is the facility rented for uses other than league games (birthday parties, banquets, etc.)? ☐ Yes ☐ No
If yes, please provide a copy of the facility use (rental) agreement.
19. Does your facility host its own leagues? ☐ Yes ☐ No
20. Does your facility host leagues that have separate sanctioning through another organization?
☐ Yes ☐ No
Does the league provide a certificate of insurance to the facility naming them as additional insured? ☐ Yes ☐ No
Please provide a copy of the lease agreement signed by sanctioned leagues.
21. Does your facility host events at locations other than the address listed above?
☐ Yes ☐ No
If yes, please describe including the address where the events are held _____
22. Are there any amusement rides, air inflatable structures, rock climbing walls, etc. on premises or brought on premises temporarily? ☐ Yes ☐ No
If yes, please describe: _____
23. Please describe medical and first aid facilities provided for competitors. _____
24. Does your facility subcontract out any of the following operations?
☐ Janitorial ☐ Concessions ☐ Security ☐ Facility Maintenance
If so, are certificates of insurance naming the facility as an additional insured obtained?
☐ Yes ☐ No
25. Is there a system in place for obtaining certificates of insurance where applicable?
☐ Yes ☐ No

If yes, who reviews certificates on behalf of named insured? _____

What is the minimum limit of general liability coverage requested from each subcontractor? _____

26. Are childcare services provided? ☐ Yes ☐ No
If yes, do you do background checks on individuals providing child care services?
☐ Yes ☐ No
Please explain the services offered and the procedures in place to protect the children while in your care. _____
27. Do you have cooking surfaces on site? ☐ Yes ☐ No
If yes, are cooking surfaces property protected from fire exposures?
☐ Yes ☐ No If yes, please explain _____
28. Is named insured involved in the sale or distribution of any products?
☐ Yes ☐ No
If yes, please explain: _____
29. Are there any special events planned at your facility during the coverage term (e.g. festivals, large tournaments, etc)?
☐ Yes ☐ No Please explain _____
Estimated spectators for these events? _____

GENERAL QUESTIONS

- a. ☐ Yes ☐ No Are rules posted conspicuously and enforced at all times?
- b. ☐ Yes ☐ No Are participants required to wear safety equipment during play?
- c. ☐ Yes ☐ No Are participants required to sign a Waiver & Release of Liability?
Please provide a copy.
- d. ☐ Yes ☐ No Are copies of the Waiver & Release of Liability kept on file? How long? _____
- e. ☐ Yes ☐ No Are the referees or coaches employees of the facility?
- f. ☐ Yes ☐ No Are parking lots well lit and patrolled?
- g. ☐ Yes ☐ No Are facility inspections and maintenance performed?
- h. ☐ Yes ☐ No Is a log kept of inspections and maintenance performed?
- i. ☐ Yes ☐ No Are written emergency procedures in place? (attach copy)
- j. ☐ Yes ☐ No Does the facility rent or repair sports equipment?
- k. ☐ Yes ☐ No Is the facility locked so that patrons cannot use it when closed?
primary concern is outdoor activities
- l. ☐ Yes ☐ No Are there construction operations on site? If yes, is the work subcontracted to a third party with additional insured certificates provided? _____
30. Please also provide (**quote will not be released until all of these materials are received and reviewed**):
☐ loss runs for the past three years (if applicable)
☐ Emergency procedures

- ☐ lease agreement if your facility is not owned
- ☐ sample waiver and release of liability
- ☐ sample facility rental agreement

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage. It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by Cossio Insurance Agency.

Signature of Applicant _____

Date _____

Signature of Licensed Agent _____

Agency Name and Address _____

Date _____

Cossio Insurance Agency

PO Box 188, Simpsonville, SC 29681
(864) 688-0121 • FAX (864) 688-0138

www.cossioinsurance.com



FRAUD NOTICE

GENERAL STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: 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.

APPLICABLE IN FLORDIA: 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 of the third degree.

APPLICABLE IN HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT: Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA: Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA: 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.

APPLICABLE IN WASHINGTON: 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date:

SAVE APPLICATION