



# Sports Facility Insurance Application

Cossio Insurance Agency • 864-688-0121 • Fax: 864-603-2348 • P.O. Box 5987, Greenville, SC 29606

- DIRECTIONS:**
1. Fill in the application by filling in the blue fields on all pages.
  2. Please fill in all the fields with the correct information.
  3. Email the application to apps@cossioinsurance.com or Fax to 864-603-2348

## Section 1: Insured Information

How did you hear about us?

Contact Name:	DOB:	FEIN/SS#:
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Legal Name of the Company, Organization or Individual:

Facility Name:

Facility Address:

City:	State:	Zip:
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Mailing Address:

City:	State:	Zip:
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Phone Number:	Email:
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Website:	FEIN:
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# of Years of Experience:

## Section 2: General Liability Insurance

Current Insurance Carrier:

Current Policy Number:	Current Insurance Premium:
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Target Insurance Premium:

Policy Effective Date: (mm/dd/yyyy)

Has any insurer ever canceled or refused coverage?  Yes  No

Have you had any claims/losses in the past five (5) years?  Yes  No

Please provide a complete description of operations facility is used for (ie. batting cages, fitness room, pro shop, concessions, birthday parties, etc.)



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## Section 3: Underwriting - Annual Revenue

Fees/Admissions \$	In-House Leagues \$
Leagues with separate sanctioning \$	
Memberships \$	Camps/Clinics/Youth Training \$
Tenant or Lease Income \$	Rental Income \$
Special Events \$	Pro Shop/Retail Sales \$
Concession/Restaurant \$	Liquor/Alcohol Sales \$
Sponsorship \$	Other Income \$
<b>Total Annual Revenue \$</b>	

## Section 4: Participant Numbers

Please indicate the sports/activities being played/trained at your facility, and estimated / approximate annual participant numbers for each.

Sport/Activity	
Total # of participants 18 & younger:	Total # of participants 19 & older:
If other sports/activities are being trained/played at your facility, please list:	
Square Footage of Facility:	Own or Rent Location: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Number of Employees:	Full Time Employees:
Part Time Employees:	
Do you routinely request an receive background investigations on employees and/or volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify the type of security personnel at the facility:	
Do you provide Day Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you responsible for parking? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 5: Concessions

Please describe concessions sold:
Are concessions sold by an independent firm? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, we will require a copy of the certificate of insurance.)
Do you have any grills and/or deep fryers? <input type="checkbox"/> Yes <input type="checkbox"/> No



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## Section 5: Concessions (Continued)

Will beer or liquor be sold?  Yes  No

Will a private firm be providing maintenance?  Yes  No

Do you have Batting Cages?  Yes  No

Do you have Miniature Golf?  Yes  No

## Section 6: Business Personal Property / Equipment Floater

I do not need or want property coverage. Check here to decline coverage for property

Current Insurance Carrier

Current Policy Number

Current Insurance Premium:

Policy Effective Date:

Has any insurer ever canceled or refused coverage?  Yes  No

Construction of Building (i.e. masonry, steel frame):

Year Built:

List any updates to roof, electrical, plumbing and year updates were performed

Does your facility have a sprinkler system?  Yes  No

Business Property and Value (i.e. computers - \$650, netting - \$2,500, inventory - \$5,000)

Have you had any building/business property losses in the past five (5) years?  Yes  No

## Section 7: Facility Questions

Are there any amusement rides, air inflatable structures, or rock climbing walls on premise?  
 Yes  No

Are rules posted conspicuously and enforced at all times?  Yes  No

Are participants required to wear safety equipment?  Yes  No

Are facility inspections and maintenance performed?  Yes  No

Are written emergency procedures in place?  Yes  No

Please describe medical and first aid provided / available for clients:



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**CYBER LIABILITY**

1. Do you process payment cards?  Yes  No

2. Estimated annual number of payment card transactions

**WARRANTY**

(Applies to all parts of this application and attachments submitted)

It is hereby understood and agreed that if insurance is issued by virtue of completing this application and any applicable supplemental applications, the Insurance is only issued on the reliance on the applicant's warranty of answers to the questions above and on any such supplemental applications. If, at the time a certificate/policy is issued and ANY OF THE ABOVE WARRANTIES IS IN ANY RESPECT INCORRECT, INCLUDING CLAIMS OR GROSS RECEIPTS, THE COVERAGE AFFORDED UNDER THE CERTIFICATE/POLICY shall, without notice to the applicant, immediately and automatically cease, & the certificate/policy shall BECOME NULL AND VOID. Warranties will survive a certificate/policy if issued.

**SIGNATURE**

Print Name of Applicant

Title:

Signature of Applicant (Mandatory)

Date:



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: