



Anderson
McTague
& ASSOCIATES

SPORTING EVENT LIABILITY APPLICATION

General Information:

1. Name of Insured: _____
2. Mailing Address: _____
3. Contact Name: _____ Title: _____
4. Applicant is: Individual Corporation Partnership Other: _____
5. Name of Event: _____ 6. Web Site: _____
6. Location of Event: _____ 7. Event Date(s): _____
8. Description of Event: _____
8. Has this event been held by Applicant in the past? Yes No Number of Years: _____
9. Previous experience of Applicant in producing this type of Event: _____
(If more than one location and/or date, please attach a schedule of all locations and dates)

Current/Most Recent Coverage Information

- Insurance Company: _____ Dates of Coverage: _____
- Any losses in the past five years? Yes No **If Yes, Attach Loss Record for the Past Five Years**
- Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details: _____
- Requested Effective Date: _____ Expiry Date: _____

Desired Coverages:

- Desired Limit of Liability: _____ Deductible: _____
- Property: _____ Equipment: _____
- Non-Owned Auto: Limit: _____ Average Auto Value: _____ Estimated # of Days Rented: _____

If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application

- Do you require Participants Coverage? Yes No If Yes, please answer a) b) and c):
- a) Will Participants be covered by medical insurance? Yes No Limits: _____
- b) Does the Insured require signed waiver/release forms for any activity during the event? Yes No
- If Yes, what activity: _____
- If Yes, Please attach a copy of the Waiver/Release Forms used**
- c) Does the Insured require Legal Guardians to sign the waiver/release forms of minor participants? Yes No

If Event Cancellation Coverage is required, please complete the Event Cancellation Application

General Operating Information - Event:

1. Is the Event Indoors or Outdoors? Indoors Outdoors If Outdoors, describe how the area is fenced or otherwise enclosed: _____

2. Venue Capacity: _____ Estimated Attendance: Per Day: _____ Total: _____
3. Name(s) of Performers/Bands/Entertainers/Exhibitors: _____
4. Number of Tickets Printed: _____ Number Sold To Date: _____
5. Price of Admission: _____ Estimated Gross Receipts: _____
6. Estimated Payroll: _____ Number of Employees: _____
7. Are Ushers used? Yes No If Yes, who is providing, Applicant or Other (name)? _____
8. Describe Security (per shift/total): _____
- Is Security provided by: Applicant (if so, Employees or Outside Firm) Venue Other: _____
- Is Certificate of Insurance provided? Yes No If Yes, what Limit? _____
- Is Video Surveillance used: Indoors Outdoors Describe: _____
9. Describe admission: (e.g. by invitation, ticket, free, pre-registry): _____
10. How is event enclosed to restrict the public if it is not free admission: _____
11. If the Event is being held on street or other public place of vehicular access, what protection is being set up between the street and sidewalks? _____
12. Describe safety measures and risk management plans in force (i.e. parking, crowd control, evacuation procedures)?

13. Is First Aid provided? Yes No If Yes, number of medical personnel on site:
EMTs: _____ Nurses: _____ Doctors: _____ Other: _____

14. Distance to Nearest Hospital: _____

15. Details of all Scheduled Activities: (attach a separate sheet if needed)

<u>Date</u>	<u>Main Activity</u>	<u>Estimated Attendance</u>	<u>Other Activities</u>	<u>Location(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Is any Touring Involved? Yes No If Yes, attach a copy of the Tour Schedule, or outline below:

17. Is any Shuttle Service or Valet Service provided? Yes No If Yes Describe, and list all drivers/attendants:

18. Earliest beginning time and latest end time of event each day: _____ A.M. and _____ P.M.

19. Does the Event involve a Parade? Yes No **If Yes, Please Complete the Parade Application**

20. Does the Event involve Fireworks? Yes No **If Yes, Complete Supplementary Pyrotechnics Application**

If Yes, who is responsible for set up of same, Applicant or Other (name)? _____

If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

21. Is Applicant providing any Overnight Camping Facilities or other accommodations? Yes No

If Yes, Describe: _____

22. Does the Event include any of the following: Animal Exposures, Amusement Rides, Motorsports, Inflatables, Demonstrations, Exhibitions, Contests, Audience Participation, Hypnotism, Parades, and/or Services Performed on Attendees (e.g. henna tattoo, piercing, massage.)? Yes No If Yes, describe:

If Yes, who is responsible for same? _____

If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

23. a. Do you require Entertainers to provide Evidence of Insurance? Yes No

b. Do you agree to Hold Harmless the Entertainers while performing? Yes No

General Operating Information - Sport:

1. Are you under the jurisdiction of a governing body? Yes No

If Yes, what organization: _____

Is this a national, regional or local governing body? _____

Is every league within this body required to provide liability insurance? Yes No

What rules and regulations are used? _____

Please attach a copy of the rules and regulations to which your organization adheres

2. Participants:

	<u>Total</u>	<u>Females</u>	<u>Males</u>
Age 9 and under	_____	_____	_____
Age 10 to 12	_____	_____	_____
Age 13 to 15	_____	_____	_____
Age 16 to 18	_____	_____	_____
Age 18 to 45	_____	_____	_____
Age 45 and over	_____	_____	_____

If Participants are under the Age of 18, Please attach supplemental Sexual Abuse Information Application

Total Player Participants: _____ Total Non-Player Participants: _____

Average Number of Participants Per Event: _____

Estimated Number of Spectators for Season: _____

Number of: Teams: _____ Games: _____ Volunteers: _____ Coaches: _____

3. Are coaches certified? Yes No If Yes, by whom? _____

4. Are officials/referees certified? Yes No If Yes, by whom? _____

5. Is there a written safety program? Yes No **If Yes, please attach a copy**

6. What safety gear does your organization require for this event:

a) Helmets? Yes No c) Hip, Tail, Thigh, Knee Pads? Yes No

If so, are they D.O.T. approved? Yes No d) Mouthguards? Yes No

b) Shoulder Pads? Yes No

Please list all other gear used: _____

10. Are spikes or cleats permitted? Yes No

Vendors

1. Number of Vendors/Trade Booths: _____ Kinds of Goods Sold: _____

2. Are all Goods Finished Products, or are there any on-site demonstrations of skills (e.g. any blacksmithing, candle-making, cooking, etc.) being done at the Event? Yes No If Yes, describe: _____

3. Are Vendors/Trade Booths required to provide a Certificate of Insurance? Yes No
Is Applicant named as Additional Insured thereon? Yes No

4. Will there be any food or refreshment sold on premises? Yes No If Yes Describe: _____

5. Who is providing Food, Applicant or other (name)? _____

If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

If Applicant, what are your estimated Gross Receipts from Food sales? _____

6. Are there Cooking Facilities on the premises? Yes No If Yes Describe: _____

7. Is there a Liquor Exposure? Yes No If Yes, who is responsible for serving Liquor? _____

If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

If Applicant, what are your estimated Gross Receipts from Liquor sales? _____

If Applicant, please attach Supplementary Liquor Liability Application

Event Facilities

1. Describe the type of facility where the sport event will take place: _____

Privately Owned (rented by organization) Organization Owned Municipality Owned

If Rented, Please attach a copy of the Lease Agreement

2. How many fields/facilities are used: _____

3. Are fields/facilities inspected prior to event? Yes No If Yes, by whom? _____

4. Does the field/facility contain bleachers? Yes No If Yes, are they: Permanent Portable

If Permanent, When were they installed? _____ What is their construction? _____

How often are they inspected? _____ By whom? _____

5. Describe any safety precautions for spectator protection: _____

6. Describe any precautions to prevent unauthorized persons from entering restricted areas or interfering with play: _____

7. Describe all other types of seating provided (stadium, grandstand, theatre, folding chairs, etc.): _____

8. (a) Are seats of Temporary or Permanent construction? _____

(b) Seating Capacity and Construction: _____

(c) Is Seating Reserved or General Admission? _____

9. Describe maintenance/inspection of facilities prior to event: _____

10. Are all areas of the event well lit, including spectator areas and parking lots? Yes No

11. Is Lighting Permanent or Temporary? _____
If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____
If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

12. If a Stage is involved, is it a Permanent or Temporary Stage? _____
If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____
If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

13. If a Tent is involved, who is responsible for set-up, Applicant or Other (name)? _____
If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

14. Describe any temporary structures not previously listed: _____
Who is responsible for set up of same, Applicant or Other (name)? _____
If other than Applicant, is Certificate of Insurance Provided? Yes No Limit: _____

Inland Marine/Transit

1. If Inland Marine coverage is required, provide a brief description of the Property to be Covered, including Protection of Equipment/Property while not in use: (fire fighting equipment, watchman, alarm, etc.):

Is equipment/property, including instruments, kept in a locked, secured location at all times? Yes No

If No, please explain: _____
Brief description of how equipment/property is protected while in use/on tour: _____

Where will the equipment be kept during while in use/on tour? _____

Name and position of person(s) responsible for security and protection of equipment: _____

Will any other Underlying Coverage be provided? Yes No If Yes, Describe: _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____

Please attach the following information to this application:

- a. Loss Runs for the previous five years
- b. Copies of all Lease and Hold Harmless Agreements
- c. Copy of Brochure or other Advertising/Promotional Material for this Event
- d. Diagram of Location(s) to be used
- e. Copy of all releases/waivers signed by participants and guardians, if applicable

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____