



## USIndoor Sports Facility Insurance Application

### I. General Information

Facility Name / DBA: \_\_\_\_\_  
 Legal Name of Insured: \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Company Structure:  Corporation  LLC  LLP  Non-Profit  Other: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ FEIN: \_\_\_\_\_  
 Does the insured conduct any other operations or own any other buildings under this name?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 General Manager: \_\_\_\_\_  
 Years and Type of Experience: \_\_\_\_\_  
 Contact Email Address: \_\_\_\_\_  
 Web site: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Number of Full-time Employees: \_\_\_\_\_ Number of Part-time: \_\_\_\_\_ Annual Payroll: \_\_\_\_\_  
 Is your facility a current member of USIndoor?  Yes  No

### II. Coverage Information

Have you had any Liability Losses or Claims in the previous 5 years?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Coverage requested:  
 General Liability  Accident Medical  Property   
 Worker's Compensation  Directors & Officers  Crime   
 Liquor Liability  Umbrella/Excess  Other \_\_\_\_\_

### III. Revenue and Activity Information

<b>Total Annual Revenue:</b>	\$
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	\$

\*\*Revenue information is not required if a detailed Profit & Loss/Income Statement is provided.

**Please select all sports/activities that apply and provide the annual number of participants**

Sport/Activity	<input type="checkbox"/>	Annual Adult	Annual Youth	Sport/Activity	<input type="checkbox"/>	Annual Adult	Annual Youth
Baseball	<input type="checkbox"/>			Laser Tag	<input type="checkbox"/>		
Basketball	<input type="checkbox"/>			Martial Arts	<input type="checkbox"/>		
Batting Cages	<input type="checkbox"/>			Inline Hockey	<input type="checkbox"/>		
Birthday Parties	<input type="checkbox"/>			Soccer	<input type="checkbox"/>		
Boxing	<input type="checkbox"/>			Softball	<input type="checkbox"/>		
Dodgeball	<input type="checkbox"/>			Speed & Conditioning	<input type="checkbox"/>		
Field Hockey	<input type="checkbox"/>			Tennis	<input type="checkbox"/>		
Fitness/Health Club	<input type="checkbox"/>			Travel Team			
Football - Flag	<input type="checkbox"/>			Provide sport:	<input type="checkbox"/>		
Football - Tackle	<input type="checkbox"/>			Ultimate Frisbee	<input type="checkbox"/>		
Floor Hockey	<input type="checkbox"/>			Volleyball	<input type="checkbox"/>		
Golf	<input type="checkbox"/>			Wrestling	<input type="checkbox"/>		
Gymnastics	<input type="checkbox"/>			Other:	<input type="checkbox"/>		
Ice Hockey	<input type="checkbox"/>			Other:	<input type="checkbox"/>		
Lacrosse	<input type="checkbox"/>			Other:	<input type="checkbox"/>		

**Activities not covered without prior approval:**

Bungee jumping, boxing, tackle football, concerts, comedy shows, licensed day-care operations, swimming pools/water attractions, skate parks, BMX operations, ice rink operations, tanning bed operations, amusement devices, go-karts or other motorized racing, carnivals/circuses/fairs, paint ball/reball, mixed martial arts, rock climbing walls, children's play structures, inflatable games and bubble soccer.

**IV. Building & Premises Information**

- Do you own or Lease your Facility?  Own  Lease  
 If owned, do you have a separate company that owns the building?  Yes  No  
 If yes, what is the name of the property company and does it have a separate Liability policy? \_\_\_\_\_
- Types of playing surfaces:  Turf with Boards  Turf without Boards  Sport court  
 Hardwood  Carpet  Other \_\_\_\_\_
- Do you have any outdoor fields or courts?  Yes  No  
 If yes, how many and what type of playing surface? \_\_\_\_\_
- What is the maximum capacity of the building at one time? \_\_\_\_\_
- Is there a restaurant on premises?  Yes  No  
 If yes, please describe: \_\_\_\_\_
- What type of cooking surfaces do you have? \_\_\_\_\_
- Are cooking surfaces properly protected from fire exposures?  Yes  No
- Is alcohol sold on premises?  Yes  No  
 If yes, complete liquor application: [http://archive.monumentsports.com/?el\\_name=liability\\_form](http://archive.monumentsports.com/?el_name=liability_form)
- Total Number of Buildings: \_\_\_\_\_
- Total Square Footage: \_\_\_\_\_ Square Footage that you occupy: \_\_\_\_\_
- Year Building built: \_\_\_\_\_
- If Building is over 25 years old, then provide the year that the following were updated:  
 Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ HVAC: \_\_\_\_\_
- Distance to Fire Hydrant: \_\_\_\_\_ Ft. Distance to Fire Station: \_\_\_\_\_ Miles
- What % of Building is sprinklered? \_\_\_\_\_

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- 15. Is there a Central Fire Alarm?  Yes  No
- 16. Is there a Central Burglar Alarm?  Yes  No
- 17. Is there Video Camera Surveillance?  Yes  No
- 18. Name of monitoring company: \_\_\_\_\_
- 19. Type of Building construction (brick, steel, frame, concrete): \_\_\_\_\_
- 20. Type of Roof construction: \_\_\_\_\_ If Steel:  Coated  Not coated
- 21. Date Roof was last updated: \_\_\_\_\_
- 22. Replacement Cost of Building (if owned): \_\_\_\_\_
- 23. Value of HVAC equipment: \_\_\_\_\_ Included in Building value? \_\_\_\_\_
- 24. Value of Tenants Improvements and Betterments (if building is leased): \_\_\_\_\_
- 25. Replacement Cost Value of Business Personal Property: \_\_\_\_\_
- 26. Outdoor Property to be covered:
  - a. Description: \_\_\_\_\_
  - b. Value: \_\_\_\_\_
- 27. Business Income Limit: \_\_\_\_\_
- 28. Requested Property Deductible: \_\_\_\_\_

**V. Exposure & Risk Management**

- 1. Does the facility host its own leagues?  Yes  No
- 2. Does the facility rent or lease to any other leagues, groups or organizations (for practices/games, parties, special events, shows, pro/semi-pro teams)?  Yes  No  
If yes, please describe: \_\_\_\_\_  
If yes, is the facility named as additional insured?  Yes  No
- 3. Are any special events (concerts, MMA, dog shows, etc.) planned at the facility?  Yes  No  
If yes, please describe: \_\_\_\_\_  
Estimated number of spectators per event? \_\_\_\_\_
- 4. Are there any off-site activities (i.e. camps, clinics, field trips, travel teams)?  Yes  No  
If yes, please describe: \_\_\_\_\_
- 5. Are there any amusement rides, air inflatable structures, rock climbing walls, or children's play structures on the premises or brought on the premises temporarily?  Yes  No  
If yes, how many and what type: \_\_\_\_\_
- 6. Do you have any skate park or BMX operations on site?  Yes  No
- 7. Do you have child care facilities on site?  Yes  No
- 8. Does the facility subcontract out any of the following?  
 Maintenance  Concessions  Security  Janitorial  
If yes, is the facility named as additional insured?  Yes  No
- 9. Does the facility rent or repair sports equipment?  Yes  No
- 10. Is the named insured involved in the sale or distribution of any products?  Yes  No  
If yes, please describe: \_\_\_\_\_
- 11. Are staff members trained in CPR and first aid?  Yes  No
- 12. Does the facility have a defibrillator?  Yes  No
- 13. Describe medical and first aid facilities: \_\_\_\_\_
- 14. Are there written concussion protocols in place?  Yes  No
- 15. What is the minimum distance between any side line/end line and the closest wall/support pole/etc?  
Non Boarded Fields Only:
- 16. Are players required to wear protective equipment?  Yes  No
- 17. Is a log kept of all incidents/injuries that are reported?  Yes  No
- 18. Is there a system in place for obtaining certificates of insurance when applicable?  Yes  No  
If yes, who reviews the certificates collected and limit of Liability is requested? \_\_\_\_\_

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- 19. Do you have written emergency procedures?  Yes  No
- 20. Are rules posted conspicuously and enforced at all times?  Yes  No
- 21. Are all participants/parents required to sign a Waiver and Release of Liability?  Yes  No  
If no, under what circumstances are waivers not required? \_\_\_\_\_
- 22. How often are waivers collected (initial visit, annually, start of each league, etc.)? \_\_\_\_\_
- 23. How long are waivers kept on file? \_\_\_\_\_
- 24. Are facility inspections (including restrooms, parking lots) done regularly?  Yes  No
- 25. Is a log kept of inspections and maintenance performed?  Yes  No
- 26. Is any part of the facility, other than the parking lot, accessible after hours?  Yes  No
- 27. Is the parking lot well-lighted and patrolled?  Yes  No
- 28. Do you have an employee manual?  Yes  No
- 29. Does the facility employ any licensed/certified personal trainers, physical therapists, or other professional staff (i.e., dieticians, nutritionists, chiropractors, massage therapists)?  Yes  No
- 30. Are any referees or coaches employees of the facility?  Yes  No
- 31. Are referees required to complete a training or recertification process?  Yes  No
- 32. Does the facility use a third-party referee assignor?  Yes  No
- 33. Are there construction operations on site?  Yes  No

**VI. For Abuse & Molestation coverage, please complete the following section**

- 1. Does the employment and volunteer application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse related offenses?  Yes  No
- 2. Does the facility have any volunteers?  Yes  No  
If yes, in what capacity (score keepers, coaches, etc.)? \_\_\_\_\_
- 3. Do you routinely request and receive background investigations on the following?  
Employees?  Yes  No  
Volunteers?  Yes  No
- 4. Do you discuss (at staff/volunteer orientations) child/sexual abuse, including how to recognize the signs, what to do if a member reports someone molested him/her, etc. at staff orientations?  Yes  No
- 5. Do you have a written crisis management plan in place for dealing with members, employees, victims, parents, authorities and media if you have an incident of abuse?  Yes  No
- 6. Have you had an incident which resulted in an allegation of physical or sexual abuse?  Yes  No
- 7. If yes, please describe the allegation in full: \_\_\_\_\_

**VII. For Hired and Nonowned Auto Liability, please complete the following section**

- 1. Does the facility have any company owned automobiles? \_\_\_\_\_
- 2. Do you allow employees to use their own personal vehicles for your business purposes?  Yes  No
  - a. How many employees use their own personal vehicles? \_\_\_\_\_
  - b. How often do they use their vehicles on company business? \_\_\_\_\_
  - c. Do you obtain Motor Vehicle Reports?  Yes  No
  - d. What auto limits do you require employees to carry? \_\_\_\_\_
- 3. Does your facility transport participants (for camp, leagues or other activities)?  Yes  No
- 4. What is the cost of hire for all hired & leased autos during the policy period? \_\_\_\_\_

**VIII. For Employee Benefits Liability, please complete the following section**

- 1. What types of Benefit Programs are offered to employees (i.e., Group Life, Group Health, 401K)?  
\_\_\_\_\_
- 2. Number of employees under Employee Benefit Program: \_\_\_\_\_
- 3. Are employees required to sign a form accepting or rejecting a benefit program?  Yes  No
- 4. Who discusses the benefit plans with the employees? \_\_\_\_\_

**Please continue to the Fraud Warning and Signature Page**

**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:**

**Signature:** I understand that by checking this box,  Date: \_\_\_\_\_  
I am signing this document:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Broker (if other than Monument Sports): \_\_\_\_\_



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