

SECTION ONE: APPLICATION INFORMATION

Company Name: _____
 DBA: _____
 Contact Name: _____ Contact Email _____
 Phone Number: _____ FEIN: _____ Website _____
 Business Type: _____ Been in business for more than 3 years? (Y/N): _____ Desired effective date: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Additional Physical Locations: _____ City: _____ State: _____ Zip: _____
 Business Activity: _____ Facility Type: _____

SECTION TWO: GENERAL QUESTIONS

Do you have camps: Yes___ No___
 If yes, what is the number of daily campers NOT enrolled as regular students? _____
 Any pitching machines: Yes___ No___
 Amusement devices (inflatables): Yes___ No___ How many: _____
 Booster clubs (if you do not want these covered under this insurance – please select no) Yes___ No___
 Do you have any fields/courts? Yes___ No___
 Any equipment modifications made by you? Yes___ No___

SECTION THREE: PARTICIPANTS & EQUIPMENT

Below please use your estimated monthly average number of participants

TOTAL PARTICIPANTS

Sport	18 & under:	19 & over:	Coaches:

CAMPS/CLINICS/EVENTS

Sport	Participants	Days	Event:

SPECIFIC EQUIPMENT

Equipment:	How many	Height (list if more than one)
Rock wall		
Climbing ropes		
Zip line		
Aerial silks		
Other:		

SECTION FOUR: FACILITY QUESTIONS/EMPLOYMENT QUESTIONS

Annual Revenue: _____
 Are you open 24 hours? Yes ___ No ___
 How many birthdays do you have? _____
 Do you sell food or drink? Yes ___ No ___ If so, receipts: _____
 Retail sales amounts: _____
 Are all sports or fitness instructors certified? Yes ___ No ___
 Do all sport or fitness instructors have a minimum of one years experience? Yes ___ No ___
 Are all sports or fitness instructors trained on proper use of equipment? Yes ___ No ___
 Is a first aid kit in an easily accessible location? Yes ___ No ___
 Do you have an AED device? Yes ___ No ___ How many coaches are trained to use it? ___
 Is all equipment mechanically sound and installed and operating in accordance with manufacturers instructions and standards? Yes ___ No ___
 Is all equipment serviced as required to ensure continued user safety? Yes ___ No ___
 Is all equipment inspected daily with updated inspection logs maintained? Yes ___ No ___
 Do you have a soft play area? Yes ___ No ___
 Do you offer child minding? Yes ___ No ___
 Do you offer daycare or preschool services? Yes ___ No ___
 Do you have a swimming pool? Yes ___ No ___
 Do you have tanning beds? Yes ___ No ___
 Do you need Non-owned & hired auto coverage? Yes ___ No ___
 Do you require an additional insured? Yes ___ No ___ – if so, please provide:
 Name: _____ mailing address: _____
 Name: _____ mailing address: _____

SECTION FIVE: SEXUAL ABUSE/MOLESTATION QUESTIONS

Sexual Abuse Limits:
 Do you enforce written standards regarding sexual abuse? Yes ___ No ___
 Does your employment application for your staff/volunteers include questions about whether the individual has ever been convicted of a crime, including sex-related or child abuse related offenses? Yes ___ No ___
 At staff orientations, do you discuss child/sexual abuse, including how to recognize the signs and what to do if a staff personnel/child and/or volunteer reports someone molested him/her? Yes ___ No ___
 Do you have a plan of supervision that includes monitoring staff, including volunteers in day-to-day relationships with the children? Yes ___ No ___
 Do you have a crisis management plan for dealing with staff personnel, including volunteers, victims, parents, authorities, and media if you have an incident of abuse? Yes ___ No ___



SECTION SIX: EMPLOYMENT STANDARDS

Do you require a waiver & release? Yes___ No___ Please attach a copy to this application.

Is a signed employment application required for all prospective employees and volunteers? Yes___ No___

Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? Yes___ No___

How do you verify employment and/or volunteer references? Yes___ No___

Do you personally conduct interviews with all prospective employees and volunteers? Yes___ No___

Do you maintain documentation of employment/volunteer applications and background checks?

Yes___ No___

Do you have an employee handbook? Yes___ No___

SECTION SEVEN: ACCIDENT LIMITS

Choose your sports accident limit & deductible:

Deductible:

\$250 --- \$50,000 limit

\$500 --- \$100,000 limit

SECTION EIGHT: MISC:

Is there prior insurance coverage Yes___ No___ Company: _____ Current Premium:

Has insurance been denied, cancelled or non-renewed in the last 5 years? Yes___ No___

Have you had any liability losses in the last 5 years? Yes___ No___ if yes, explain: _____

Any additional notes/remarks?

Do you wish to finance?

Note: Any premium bearing policy endorsements will be invoiced separately and paid in full.

The submission of this application form does not guarantee coverage. Coverage begins with a complete enrollment form, full payment and written approval issued.

Any person who knowingly presents a false claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed waivers are required for anyone participating in any activity!

I declare the statements and particulars in this application are true and that no material facts have been mistated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Signature:

Date:



World Insurance Associates LLC
 64 Portsmouth Ave Exeter NH 03833
 603-772-4781
 sports@foyinsurance.com

SUPPLEMENTAL QUESTIONS:

Facility Rental Revenue: N/A:
 Equipment Rental Revenue: N/A:
 Liquor Sales Revenue: N/A:
 How many years have you been in business?

Yes No N/A

Do you have pitching machines?

Do you have a sauna?

Do you offer cryotherapy?

Do you serve liquor or need liquor liability?

Do you have a video surveillance system?

- If yes, does it cover inside and outside?
- How long are the recordings saved for?

Do you have non-slip surfaces in shower areas, pool areas, entry way, and all other wet areas?

Are you responsible for parking lot maintenance?

Have you ever filed for bankruptcy?

Are any of the players paid to participate?

Do you clearly define who an adult participant is?

Do you have policy in place for cardiac arrest & heat stroke?

Are the players sanctioned by a school?

Does any operations take place on a residential property?

Do you have posted signage policies for locker rooms, saunas, and high-risk areas?

Do you have a trampoline over 46" in diameter?

- If yes, do you have 6" of padding all the way around?

Do you have an anti-bullying policy?

Do you distribute a written concussion awareness policy (i.e., CDC's HEADS UP) to coaches, parents, and players?

Does your concussion policy require a medical doctor's release prior to the child returning to play after a suspected concussion?

Have you ever had an incident that resulted in an allegation of sexual abuse?

Do you have policies and procedures that limit one-on-one interactions (both in person and social media/text/email communications) between adult participants (coaches/trainers) and athletes/participants (particularly those that are minors)?

Signature:

Date:

Contact Name:

Phone#:

Email:

If you would like a quote for: Flood, Earthquake, Cyber, Crime, Employment Practice, Building, Contents, Loss of Income or Workers Compensation please complete this page and send to Mike.Foy@foyinsurance.com

NAME that the property is owned under: _____

FEIN #: _____

Location Address: _____

PROPERTY Do you want us to quote for you?

Expiration Date Of Your Current Policy: _____ Premium \$ _____

(If you own the building)

BUILDING LIMIT REPLACEMENT COST: \$ _____

(Do you want us to quote for you?)

CONTENTS LIMIT REPLACEMENT COST: \$ _____ OR ACV _____

(Do you want us to quote for you?)

LOSS OF INCOME LIMIT: \$ _____

(Do you want us to quote for you?)

Deductible: \$1,000 Or Other \$ _____

Construction Type: Frame ___ Or Masonry ___ Or Other(describe): _____

Year Of Construction: _____ # Stories: _____

Within 1,000 Of A Fire Hydrant? ___ Within 3 Miles Of A Fire Station? ___ Is The Building Sprinklered? ___

Any Alarm System? Yes Or No Central Station Or Local?

If Built Prior To 1985 Building Improvements:

Wiring Yr: _____ Roofing Yr: _____ Plumbing Yr: _____ Heating Yr: _____

Total Square Footage: _____ Area Occupied _____

Other Occupants: _____

Exposures Within 50': Left Side _____ Right Side: _____ Rear: _____

Mortgagee / Loss Payee: _____

WORKERS COMPENSATION Do you want us to quote for you?

Do You Have Coverage Currently? _____ Total Annual Payroll: _____

Current Carrier: _____ Current Premium: _____ Expiration Date: _____

Number Of: Full Time Employees: _____ Part Time Employees: _____

Please provide information below for **OWNERS/OFFICERS** only. Circle

Name: _____ DOB _____ Duties _____ %owner _____ Payroll _____ Inc/Excl _____

Name: _____ DOB _____ Duties _____ %owner _____ Payroll _____ Inc/Excl _____

Other Coverags you might consider: EPL _____ Cyber _____ Crime _____ Flood _____ Earth Quake _____