

Applicant's name: _____			
Address: _____			
Street	City	State	Zip
Applicant's website address: _____			
Contact's email address: _____		Telephone: _____	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____			

Football Teams | Football Clubs | Football Leagues | Football Camps | Football Clinics | Football Tournaments | Races**GENERAL INFORMATION**

1. Liability Coverage (check coverage desired):

-
- General Liability – including injuries to participants

Limits desired: Occurrence: _____

Aggregate: _____

-
- Abuse & Molestation (available for youth leagues)

-
- Participants' medical payments at \$1,000

or

-
- Participants' medical payments at \$2,500

Location #	Building #	Street, City, County, State, ZIP

PRIOR INSURANCE INFORMATION

Prior Carrier	Expiration Date	Policy Number	Policy Premium

OPERATIONS

1. Operation Dates: _____ to _____

2. Sport/Event: _____

3. Age of participants/members (check one or both): Under 19 19 or older4. Please indicate membership or affiliation with any state, national and/or international association/organization:
_____5. Do you require participants to sign a waiver of liability? (If yes, please attach a copy.) Yes No

6. What methods of instruction do you use?

 Games Drills Lectures Other: _____

7. What equipment do you provide? _____

OPERATIONS (continued)

8. Is play/instruction? Outside Inside Both
9. Are the facilities inspected before every session? Yes No
10. Whose rules and official guidelines do you follow? _____
11. In the event of unsafe facility conditions, who has the authority to cancel the event? _____

12. Are participants required to attend a discussion on safe blocking techniques before contact is permitted? Yes No
13. Safety checklist: Are the following items used by players as part of the field's safety program?
 Mouth guard Protective cup Rubber cleats
 Is there a safe zone of 25 ft. between the playing field and any parking areas, obstructions, streets, etc.?
14. Are goal posts permanently positioned? Yes No
- a. If not, what safety precautions are taken to prevent tipping of goal posts? _____

- b. How are non-permanent goal posts stored when not in use? _____

- c. What is construction of goal posts? _____

- d. Are goal posts commercially manufactured? Yes No
15. Is the playing field fenced in? Yes No

SPORTS FACILITIES

1. Do you own the field/facility? Yes No
- a. If no, who is the owner? _____
2. Are there locations used other than the insured location(s) listed above? Yes No
- a. If yes, please list: _____
3. Who is responsible for maintaining and doing safety inspections of the field/facility? _____

4. Who has the authority to cancel the activity if there is a safety concern? _____
5. Are there bleachers or a grandstand? Yes No
- a. If yes: # of Rows: _____ Construction Type: _____ Condition: _____
- b. If yes, are there railings on the back and sides? Yes No
6. Describe any other equipment you provide: _____
7. Do you sell or rent any equipment? Yes No If yes, what are annual sales? \$ _____
- a. If yes, please describe: _____
8. Do you sell any food or beverages? Yes No If yes, what are annual sales? \$ _____
9. Are there any non-sport activities? Yes No
- a. If yes, please describe: _____
10. Do you host any banquets? Yes No
- a. If yes, please explain: _____

MEDICAL ASSISTANCE

- 1. Is there an accident/medical policy for participants/members? Yes No
 - a. If yes, with what company? _____
- 2. Are first aid kits available? Yes No
- 3. Is any of your staff certified in: CPR First Aid
 - If yes, please describe: _____
- 4. Other medical help: _____
 - a. Location: _____ Distance: _____
- 5. Do you have a written crisis/disaster management plan? (If yes, please provide.) Yes No
- 6. Do you have a written medical emergency plan? (If yes, please provide.) Yes No

SEXUAL ABUSE (If located in Illinois, this section **MUST** be completed. If located in other states, complete only if you desire coverage.)

- 1. Does the applicant perform a criminal background investigation, including sexual abuse or child abuse-related offenses:
 - a. On prospective employees and volunteers? Yes No
 - b. On existing employees and volunteers? Yes No
 - c. How often? _____
- 2. Does the applicant verify employment/volunteer-related references? Yes No
 - a. If yes, how? _____
 - b. If yes, how often? _____
- 3. Does the applicant conduct personal interviews? Yes No
- 4. Does the applicant discuss the following items a offenses:
 - a. Abuse and Molestation? Yes No
 - b. How to recognize the signs of abuse? Yes No
 - c. What to do if an individual reports someone molested him/her? Yes No
- 5. Does the applicant have knowledge of any incident which could give rise to, or result in, an allegation of sexual abuse? Yes No
 - a. If yes, please explain: _____
- 6. Has there ever been an allegation of sexual abuse made against the insured? Yes No
 - a. If yes, please explain: _____

Complete the appropriate Section(s) on pages 4-6. Check the N/A box if it doesn't describe your entity.

LEAGUES N/A

1. Number of teams: _____
2. Total number of games played per season (include playoffs, championships, and tournaments) _____
3. Does the league provide umpires, referees, or other officials? Yes No
 - a. If yes, please explain: _____
4. Does the league provide training for officials, team managers, or coaches? Yes No
 - a. If yes, please explain: _____
5. Youth Leagues:
 - a. Are written procedures in place for the prevention of abuse and molestation? Yes No
 - b. Has there ever been any allegation of sexual abuse, misconduct or molestation? Yes No
 - i. If yes, please explain: _____

CLUBS N/A

1. Number of members: _____
2. Are non-members allowed to participate? Yes No
3. Number of events/games/races per year? _____
4. Does the club provide any officials? Yes No
 - a. If yes, please explain: _____
5. Are there any other activities the club hosts or promotes other than the primary sport? Yes No
 - a. If yes, please explain: _____
6. Do members volunteer time to work for the club? Yes No
 - a. If yes, please explain: _____

TOURNAMENTS N/A

1. Number of teams participating: _____
2. Total number of games: _____
3. Approximate number of participants: _____
4. Approximate number of spectators: _____

RACES N/A

1. Approximate number of participants: _____
2. Approximate number of spectators: _____
3. Who will control road traffic to keep racers safe? _____

CAMPS N/A

CAMP OPERATIONS

1. Dates of operation: _____ to _____
2. Select the sport(s) and camp type:

<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Basketball	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Football (no tackle)	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Football (tackle)	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Soccer	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Swimming	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Tennis	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
<input type="checkbox"/> Other Describe: _____	<input type="checkbox"/> Day Only	<input type="checkbox"/> Day & Overnight
3. Total number of "day only" participants for all days _____
Example: 16 day only participants for 3 days and 10 day only for 1 day = 58)
4. Total number of "day & overnight" participants for all days _____
Example: 10 overnight for 20 nights and 12 overnight for 6 nights = 272)
5. Please describe camp (provide copy of any publicity): _____

6. Are any meals or food provided or sold to participants? Yes No
 - a. If yes, who is the provider? _____
7. Please check any other sports or activities at the camp:
 - Batting Cages
 - Boating
 - Diving Boards
 - Handball or Racquetball Courts
 - Saddle Animals
 - Skiing (Water and Snow)
 - Swimming Facilities
 - Trampolines
 - Weight Training Equipment
 - Other: _____
8. Age range of participants: _____ to _____
9. Is the camp co-ed? Yes No Percentage of: Male _____% Female _____%

CAMPS (Continued)

CAMP STAFFING

1. What is the usual ratio of instructors to participants? _____ instructors to _____ participants
2. Qualification and experience of instructors/volunteers: (use additional page if necessary)

Name	Position	Qualifications/Experience/Certification

3. Do you employ any medical professionals (EMT, paramedics, doctors, nurses, therapists)? Yes No
 - a. If yes, please describe: _____
4. Is any of your staff certified in: CPR First Aid
 - a. If yes, please describe: _____

CAMP TRAVEL

1. Is there any travel away from the camp? Yes No
 - a. If yes, please describe. _____
2. Describe the mode of transportation: _____
3. Do you verify that all drivers are properly licensed adults with acceptable MVRs? Yes No
4. Is anyone under age 21 allowed to transport participants? Yes No
 - a. If yes, please describe. _____
5. Is parent/guardian permission obtained for minors who will be transported? Yes No

OVERNIGHT CAMPS

1. Location of sleeping facilities: _____

2. Owner: _____
3. Description: _____
4. Number of stories: _____
5. Do these facilities conform to life safety standards? Yes No
6. Are the premises open to the general public? Yes No
7. How is security maintained? _____

Please answer the remaining questions.

COMMERCIAL UMBRELLA (For limits in excess of \$1,000,000)

1. Do you need a Commercial Umbrella? Yes No If yes, limit of liability needed? \$ _____

COMMERCIAL AUTOMOBILE

1. Does the business title any automobiles or other operating vehicles in the business name? Yes No
2. Is insurance coverage needed for owned automobiles? Yes No
- a. If yes, please provide a fleet/vehicle schedule including year, make and model.
- b. If yes, limit of liability desired? \$ _____
- c. If yes, deductible desired? Comprehensive: \$ _____ Collision: \$ _____
3. Do any of the employees, owners or officers drive personally owned automobiles/other vehicles in the course of their work? Yes No
- If yes, how many? _____
- a. Do you verify they have liability coverage? Yes No

PROPERTY INSURANCE

1. Do you need Building and/or Content Coverage? Yes No
- If yes, please provide a property schedule including: Building Description (age, construction), Building Limit, and Content Limit.
2. Do you need Equipment Coverage? Yes No
- a. If yes, total value to insure for? Replacement Cost Actual Cost \$ _____
- b. If yes, please provide an equipment schedule, including year, make, model, and value to insure for.

OPTIONAL PROPERTY COVERAGES

1. Do you need Computer Coverage in excess of \$25,000? Yes No
- a. If yes, additional needed? \$ _____
2. Do you need Earthquake Coverage? Yes No
3. Do you need additional Outdoor Sign Coverage in excess of \$10,000? Yes No
4. Money & Securities Coverage:
- a. Inside - \$15,000 included Additional Excess Limit \$ _____
- b. Outside - \$7,000 included Additional Excess Limit \$ _____
5. Do you need Employee Dishonesty Coverage in excess of \$5,000? Yes No
- a. Number of Employees _____
- b. Limit: \$10,000 \$25,000 (For higher limits, contact Kevin Morency)

DIRECTORS AND OFFICERS LIABILITY & WORKERS COMPENSATION

1. Do you need Directors and Officers Liability Coverage? (If yes, please contact Kevin Morency.) Yes No
2. Do you need Workers Compensation? (If yes, please contact Kevin Morency.) Yes No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicant's Signature

Date

Agent's Signature

Brian Feltes & Associates, Inc.
Agency Name

Date

**After completing questionnaire, please print or save to your computer before sending.
If the questionnaire is not printed or saved before attaching to an email, the questionnaire will be blank.**

To complete the submission, the following are required:

- 3-5 Year Loss History
- All Waivers
- Written Disaster/Crisis Plan
- Written Medical Emergency Plan
- Brochures and Advertising Literature
- Vehicle Schedule – Year, Make, Model
- Property Schedule – Year Built, Construction, Replacement Cost, Content Limit for each location
- Equipment Schedule – Year, Make, Model, and Value to Insure For