

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Applicant's website address: \_\_\_\_\_

Contact's email address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other (specify) \_\_\_\_\_

**Baseball Teams | Baseball Clubs | Baseball Leagues | Baseball Camps | Baseball Clinics | Baseball Tournaments | Races**  
**Softball Teams | Softball Clubs | Softball Leagues | Softball Camps | Softball Clinics | Softball 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 older
4. Please indicate membership or affiliation with any state, national and/or international association/organization:  
\_\_\_\_\_
5. Do you require participants (or parents of minors) to sign an injury waiver? (Please provide copy.) ☐ Yes ☐ No
6. What methods of instruction do you use?  
☐ Games ☐ Drills ☐ Lectures ☐ Other: \_\_\_\_\_

**OPERATIONS (continued)**

7. What equipment do you provide? \_\_\_\_\_
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. Who is responsible for maintaining the fields? \_\_\_\_\_
13. Is the field fenced in? ☐ Yes ☐ No If no, distance from field to parking lot/or streets \_\_\_\_\_
14. Will the bases break away or are they locked down? ☐ Yes ☐ No
15. Are batters' helmets required for all batters? ☐ Yes ☐ No
16. Are metal cleats allowed? (Metal cleats are not good if the player is under 15.) ☐ Yes ☐ No
17. Is the catcher required to wear a face mask? ☐ Yes ☐ No
18. Do you impose rules to avoid?
- a. Runner-fielder collisions? ☐ Yes ☐ No
  - b. Throwing the bat? ☐ Yes ☐ No
  - c. Swinging the bats outside the batter's box or designated area? ☐ Yes ☐ No

**BATTING CAGES** ☐ N/A

1. Number of portable batting cages: \_\_\_\_\_
- a. Is there ever more than 1 player and 1 coach in a cage at a time? ☐ Yes ☐ No
2. Who owns the portable cage(s)? \_\_\_\_\_
3. Who maintains the cage(s)? \_\_\_\_\_
4. Is a portable pitching machine used? ☐ Yes ☐ No If yes, who sets the pitch speed? \_\_\_\_\_
5. Are the following guidelines imposed?
- a. One person in the batting cage at a time (i.e. Batter only) ☐ Yes ☐ No
  - b. Helmets must be worn ☐ Yes ☐ No
  - c. Batting cage must be self-contained and fully enclosed on all sides and on top ☐ Yes ☐ No
  - d. Rules of the cage must be posted (Please provide picture of sign.) ☐ Yes ☐ No
  - e. Maximum speed of machine: 80 mph ☐ 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? \_\_\_\_\_

**SPORTS FACILITIES (continued)**

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: \_\_\_\_\_

**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: \_\_\_\_\_

**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

**Complete the appropriate Section(s) on pages 4-7. 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"/> 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. Age range of participants: \_\_\_\_\_ to \_\_\_\_\_
8. Is the camp co-ed? ☐ Yes ☐ No Percentage of: Male \_\_\_\_\_% Female \_\_\_\_\_%

**CAMP OPERATIONS (continued)**

9. 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: \_\_\_\_\_

**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