

16.	Does the Applicant have equipment rentals?		Yes	No
	If yes, who operates the rental operation:	Applicant	Sub-contractor	
	If sub-contractor, do they furnish a certificate of insurance?		Yes	No
17.	Does the Applicant sponsor a team? If yes, explain:		Yes	No
	If yes, are they members of a sanctioned league?		Yes	No
	If yes, indicate sanctioning body:			
18.	Is spectator seating provided by your facility?		Yes	No
	If yes, maximum seating capacity:			
	If yes, type of seating:	Permanent	Portable	
	If yes, type of seating:	Wood	Metal	Concrete
	If yes, is there a barrier (net, glass, etc.) between field and seats?		Yes	No
	If yes, are non-slip surface treads used on all stairs?		Yes	No
19.	Does the Applicant have locker rooms?		Yes	No
	If yes, are the rooms monitored?		Yes	No
20.	Does the Applicant have shower rooms?		Yes	No
	If yes, are they open to the public?		Yes	No
	If yes, are non-slip surfaces used in the shower area?		Yes	No
21.	Are parking lots & curbs maintained (cleared) during winter storms?		Yes	No
	If yes, is it done by:	Applicant	Sub-contractor	
22.	When a storm occurs, is there a procedure in place to remove ice and snow from roof immediately as to avoid roof collapse? If yes, please explain:		Yes	No
23.	Does the Applicant operate a baby sitting service?		Yes	No
	If yes, what is the maximum amount of time child is supervised:			
	If yes, what is the ratio of adults to children:			
24.	Does the Applicant have any inflatable, fabric or air supported structures such as, but not limited to, bubbles or domes?		Yes	No
25.	Does the insured have any Soccer goals?		Yes	No
	If yes;			
	a. While on the field, are they secured / anchored to the ground?		Yes	No
	If yes, how:			
	b. While in storage, are they secured to a structural section of the building?		Yes	No
	If yes, how:			

CONCUSSIONS - ATHLETICS

1.	Does the Applicant have a written concussion awareness and management program in place, and, where applicable, is it compliant with current state legislation?		Yes	No
	If yes, does this include:			
	a. Understanding a concussion and the potential consequences of this injury?		Yes	No
	b. Recognizing the signs and symptoms of a concussion or other closed head injury and how to respond?		Yes	No
	c. Learning about steps for returning to activity after a concussion?		Yes	No
	d. Focusing on prevention and preparedness to help keep participants safe?		Yes	No
	*A copy of written program is required upon binding.			
2.	Does the insured require all coaches, instructors, and officials to complete the online Concussion Course offered by the Centers for Disease Control and Prevention?		Yes	No
3.	a. Does the insured communicate and distribute education materials to participants and / or parents / guardians of minors about the nature of risk of concussions, including but not limited to how to recognize concussion symptoms, in written or electronic form?		Yes	No
	b. Does the insured require the participants and / or parents / guardians of minors to sign an acknowledgment that they have received and reviewed?		Yes	No
4.	If a concussion is suspected, does the Applicant require the participant to leave the game or practice immediately?		Yes	No

- | | | |
|--|-----|----|
| 5. Does the Applicant mandate that participants suspected of suffering a concussion can only return after at least 24 hours and with written clearance from a licensed physician before being allowed to return to play? | Yes | No |
| 6. Does the Applicant utilize base line testing? | Yes | No |
| 7. Does the Applicant currently utilize any concussion impact monitoring technology? | Yes | No |
- If yes:
- Describe:

 - Advise the name of the manufacturer:

 - Advise who monitors the data:

Coaches	Employees	Volunteers	3 rd Party
---------	-----------	------------	-----------------------

LIFE SAFETY

- | | | |
|---|-----|----|
| 1. Is exit emergency lighting provided?
If yes, how often is it inspected? | Yes | No |
| 2. Are exit doors equipped with panic hardware? | Yes | No |
| 3. Are exit doors ever chained or locked? | Yes | No |
| 4. Is there a fire detection system (smoke/heat)?
If yes, describe:
If yes, are there manual pull stations on premises? | Yes | No |
| 5. Are there written emergency evacuation plans? | Yes | No |
| 6. Are employees familiar with appropriate evacuation procedures? | Yes | No |
| 7. Is smoking permitted on premises? If yes, describe: | Yes | No |

FOOD AND BEVERAGES

- | | | |
|---|-----|----|
| 1. Does the Applicant operate a concession stand?
If yes, is it self-service?
If yes, are there designated eating areas?
If yes, cooking equipment is: Electric Gas Propane | Yes | No |
| 2. Are there any grills and /or deep fryers on premises?
If yes, are they equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls?
If yes, how often is the system cleaned: | Yes | No |

ABUSE OR MOLESTATION **N/A**

A COPY OF THE APPLICANT'S SEXUAL ABUSE PREVENTION POLICY IS REQUIRED

- | | | |
|--|-----|----|
| 1. Does the Applicant have a written policy specifically defining and prohibiting grooming behaviors?
If yes: | Yes | No |
| a. Is this policy communicated and confirmed in writing to all employees, volunteers, and/ or independent contractors that have access to children? | Yes | No |
| b. Does the policy prohibit contact with minor participants outside of the Applicant's operations (including social media)?
If yes, please describe:
Comments: | Yes | No |

- | | | |
|---|-----|----|
| 2. Does the Applicant conduct documented sexual abuse awareness training for all of the following that have access to children? | | |
| a. Employees | Yes | No |
| b. Volunteers | Yes | No |
| c. Independent Contractors | Yes | No |

IF YES, PLEASE SUBMIT A WRITTEN COPY OF THE TRAINING DOCUMENT.

Comments:

- | | | |
|--|-----|----|
| 3. Does the Applicant specifically train their hiring manager(s) with respect to detecting high risk behaviors/ responses in the hiring process? | Yes | No |
| 4. Does the Applicant perform criminal background checks for all: | | |
| a. Employees | Yes | No |
| b. Volunteers | Yes | No |
| c. Independent Contractors | Yes | No |

Comments:

- | | | |
|---|-----|----|
| 5. In addition to criminal history question(s), does the Applicant's employment application(s) for employees, volunteers, and independent contractors contain question(s) to elicit high risk responses specific to child sexual abuse? | Yes | No |
| 6. Does the Applicant allow any one-on-one opportunity between employees, volunteers and/ or independent contractors and the children they serve?
If yes, please describe: | Yes | No |

- | | | |
|---|-----|----|
| 7. Does the Applicant have any operations where employees, volunteers and/ or independent contractors will be physically touching another person?
If yes, please describe: | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 8. Does the Applicant have formal sexual abuse reporting procedures in place for all players, employees, volunteers and/ or independent contractors? | Yes | No |
| 9. Has the Applicant ever had an incident which results in an allegation of sexual abuse?
If yes, please describe: | Yes | No |

EXPOSURE INFORMATION

ITEMIZED RECEIPTS

Practice	\$	
Competition	\$	
Shows/Events	\$	
Parties	\$	
Pro Shop	\$	
Food	\$	
Beverages	\$	(Non-Alcohol)
	\$	(Alcohol)
Other	\$	(Describe Below)
TOTAL	\$	

PERCENTAGE RENTAL

Youth League	%
Adult League	%
Non-League Rental	%
Other: (Describe below)	%

Notes for this section:

BATTING CAGES – Waiver and Release Required

Annual Receipts: \$

How many:

Manufacturer:

Min. age requirement:

Mfg. age / speed recs. posted?

- | | | | | | |
|---|-----|----|---------------|-----|----|
| 1. Clearly marked for right or left handed hitters? | | | | Yes | No |
| 2. Are home plates clearly marked? | | | | Yes | No |
| 3. Machine velocity checked or calibrated? | | | | Yes | No |
| If yes, by whom: | | | | | |
| 4. Are records kept? | Yes | No | For how long? | | |
| 5. Are pitching machine settings able to be altered by hitters? | | | | Yes | No |
| 6. Helmet or other safety equipment required to be used by participants in cages? | | | | Yes | No |
| 7. Light or similar indicator when last ball has been pitched? | | | | Yes | No |

NUMBER, TYPE, AND SIZE OF COURTS / PLAYING FIELDS

Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.
Number		Type		Length		X width		=		Sq. Ft.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:
Address of Applicant:
City:
Website: www:
Nature of Operations:

State: Zip:

-
1. Annual sales or revenue: \$

 2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
 If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
 - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
 - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
 - c. Credit or Debit Card Information

 3.
 - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
 - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
 - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
 - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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