

SODA FACILITY GENERAL LIABILITY APPLICATION

CONTACT INFORMATION

Legal Name of Sportsplex: _____

DBA (Name of Sportsplex): _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Location Address: _____

City: _____ State: _____ Zip: _____ - _____

Website URL: _____

Email: _____

Daytime phone: (_____) _____ Fax: (_____) _____

DESCRIPTION OF SPORTSPLEX AND EXPERIENCE

Applicant is: For Profit Not For Profit Municipality

Applicant is: Owner Tenant

Formation date of your legal entity: _____

How long has current management been at this sportsplex: _____

Prior years of experience of current management at other sportsplexes: _____

Number of staff: Full Time _____ Part time _____

Number of buildings in sportsplex: _____

Brief description of use: _____

Number of outdoor fields in sportsplex: _____ Total acreage: _____

Number of indoor courts in sportsplex: _____ Total sq. ft.: _____

Hours of operation: _____

Months of operations: _____

SPORTS/ACTIVITIES OPERATED BY YOU

(list anticipated sports/activities for next 12 months)

List Sport/Activity	# Of Athletes	Age Range	Avg Age	Waiver/Release Required	Start Date	End Date
Teams/Leagues/ Individual sports (ex: softball league, fencing classes, aerobic classes, etc.)						
Example: Softball	250	6-Adult	15	Yes	Feb 1	Aug 1
Camps/Clinics/ Instruction (ex: week long sports camps, day clinics, individual and group lessons)						
Tournaments (ex: you host and operate softball tournament and invite outside teams)						
Public Drop Ins (ex: pickup basketball, batting cages, workout facilities, etc.)						
Miscellaneous Activities (ex: after school care, senior activities, class instruction, arts & crafts, etc.)						
Special Events (ex: birthday parties, dances, picnics, etc.)						
Off-Premises Events (ex: ski trips, camping, swimming, etc.)						

Attach separate sheet if necessary

SPORTS/ACTIVITIES OPERATED BY ORGANIZATIONS THAT LEASE YOUR FACILITIES

(list anticipated sports/activities for next 12 months)

List Sport/Activity	# Of Athletes	Age Range	Avg Age	General Liability & Accident	Waiver/ Release Required	Start Date	End Date
Teams/Leagues/ Individual sports (ex: outsider leases your facilities to conduct softball league, aerobics classes, etc.)							
Camps/Clinics/ Instruction (ex: outsider leases your facilities to conduct sports clinics, camps or individual/group lessons)							
Tournaments (ex: outside tournament operator leases your facilities to hold tournament)							
Miscellaneous Activities (ex: outsider leases your facilities for after school care, senior activities, class instruction, arts & crafts, etc.)							
Special Events (ex: outsider leases your facilities for birthday parties, dances, picnics, etc.)							
Off-Premises Events (ex: ski trips, camping, swimming, etc.)							

REVENUE SOURCES

(list anticipated revenues for next 12 months)

Registration Fees From Sports/Activities Operated By You	\$
Fees From Leasing Your Facilities To Others	\$
Admissions From Spectators	\$
Public Drop In Fees	\$
Concessions (excluding beer, wine, and liquor)	\$
Beer, Wine, Liquor	\$
Vending	\$
Retail/Pro Shop	\$
Batting Cage Receipts	\$
Arcade	\$
Equipment Rental	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Total Revenues	\$

SUBCONTRACTED SERVICES

Please indicate if any of the following services are subcontracted:

<input type="checkbox"/> Security	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maintenance	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Concessions	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Janitorial	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Liquor Sales	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Referees	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Instructors	If yes, is Certificate Of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

RISK MANAGEMENT PRECAUTIONS

Are parking lost well lit and/or patrolled? Yes No

Are the rules posted and enforced? Yes No

Are signs clearly posted to identify exits and hazards? Yes No

Do participants wear required safety equipment at all times? Yes No

Are written emergency procedures in place? Yes No

Are restrooms monitored/cleaned during operations? Yes No

Are facility inspections for hazards regularly performed? Yes No

Is there a skate park operation on premises? Yes No

Are medical and first aid facilities maintained? Yes No

Is liquor sold or served on the premises? Yes No

Do you rent or repair sports equipment? Yes No

Are the facility fields fenced and locked so as to restrict access to the public while the facility is closed? Yes No

Are construction operations expected within the next year? Yes No

If yes, will a Certificate Of Insurance be obtained from the Contractor evidencing Workers Compensation and General Liability? Yes No

What precautions are taken to prevent spectators from entering restricted areas? _____

INSURANCE HISTORY

Do you currently carry a General Liability policy? _____ Yes _____ No

If yes, what is the name of the insurance carrier? _____

If yes, what is the approximate premium paid? \$ _____

Has any insurance carrier cancelled or non-renewed your General Liability policy? _____ Yes _____ No

Please list a detailed description of any claims or incidents that have occurred over the past 4 years?

ADDITIONAL INFORMATION REQUIRED

- If applicable, a copy of your lease of premises agreement with the facility owner.
- If applicable, a copy of your lease or license agreement when you lease the facilities to a user.
- A copy of your written emergency procedures plan.
- A diagram of your Sportsplex.
- A copy of your waiver/release form.
- 3 years of loss runs from your General Liability carrier(s), if applicable.

FRAUD NOTICE

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR MISLEADING INFORMATION ON AN APPLICATION OF INSURANCE MAY BE SUBJECT TO CIVIL AND CRIMINAL FINES AND PENALTIES. FURTHERMORE, ANY INSURANCE CLAIM MAY BE DENIED.

Signature of Applicant

Date



Sports Insurance
P. O. Box 5866
Columbia, SC 29250-5866
1-800-622-7370 toll free
1-803-256-4017 fax
Email: debbie@sadlersports.com