



Salt Lake City Area Office
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SPORTS PARKS

General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limit of Liability:**

Per Act/Aggregate		OR	Per Person/Per Act/Aggregate	
<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000	
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000	
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000	
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000	
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____	

**Self Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

- Length of season: \_\_\_\_\_
- Please include any information which adequately describes your premises (i.e. photos, diagrams, brochures, etc.).
- List all locations where activities are to take place: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- How many buildings are at each location? \_\_\_\_\_
- Is there water located on the premises?  Yes  No  
 If yes, please indicate:  Pond(s)  Lake(s)  Creek(s)  River(s)
- Who has an interest in the premises?  Owner  Tenant  
 Other (explain): \_\_\_\_\_

7. If you are a tenant, provide the name and address of the owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

8. Is the parking lot in good repair?  Yes  No

9. Check activities for which coverage is being requested:

ACTIVITY	NUMBER USED:	
<input type="radio"/> Driving Range		Tee Boxes
<input type="radio"/> Miniature Golf		Courses
<input type="radio"/> Instruction		Annual Lessons
<input type="radio"/> Par 3 or Executive		Holes
<input type="radio"/> Batting Cages		Cages
<input type="radio"/> Snack Bar		Approximate Sq. Feet
<input type="radio"/> Pro Shop		Approximate Sq. Feet
<input type="radio"/> Practice Green		
<input type="radio"/> Practice Sand Trap		

10. If you have batting cages, are helmets required?  Yes  No

11. Equipment

a. How often is equipment checked and inspected? \_\_\_\_\_

b. Who is responsible for equipment maintenance? \_\_\_\_\_

c. Do your customers use or rent any of your equipment?  Yes  No

d. Do you keep any maintenance records?  Yes  No

e. If yes, please describe: \_\_\_\_\_

f. Age requirements for use: \_\_\_\_\_

12. Risk Management

a. Do you have an accident/emergency plan?  Yes  No

If yes, please enclose a copy.

b. Are tee or mat areas partitioned?  Yes  No

c. Do you use liability waivers?  Yes  No

If yes, please enclose a copy.

d. Do you have an operating plan, or a procedures manual?  Yes  No

If yes, please enclose a copy.

e. Are medical facilities or first aid stations/personnel provided?  Yes  No

13. Employees

a. Please enclose a resume for each of your managers.

b. Do you use any Independent Contractors as employees?  Yes  No

c. What is the minimum age of employees?  16-18  18-21  21+

d. Provide the following information about your employees. Enter the number of employees:

_____	<b>PART-TIME</b>	<b>FULL-TIME</b>
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Year-Round		
Seasonal		

14. Are there any Independent Contractors or concessions operating on your premises?  Yes  No

If yes, please list: \_\_\_\_\_

15. Have you obtained certificates of insurance from all Independent Contractors or concessions?

If yes, please enclose copies.  Yes  No

16. Customers/Patrons/Participants

a. How many people participate in your recreational activities at this location annually? \_\_\_\_\_

b. What are the most people that you could have participating in any one day? \_\_\_\_\_

17. Gross receipts estimate for the next 12 months:

ACTIVITY	INCOME
Driving Range	\$
Miniature Golf	\$
Instruction	\$
Par 3 or Executive	\$
Batting Cages	\$
Snack Bar	\$
Pro Shop	\$

18. Please list all individuals or entities who must be listed as Additional Insureds: \_\_\_\_\_

19. Checklist of Items to include with this application:

- Brochure
- Advertising Materials
- Liability waiver (if used)
- Operating plan or procedure manual
- Staff Manual
- Emergency/accident plan
- Managers resume
- Certificates of insurance for Independent Contractor(s)
- Signed application
- Pictures or Sketches of Facility

Note: It is especially important to illustrate proper fencing and/or netting in all pictures of the facility.

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any

premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name