



1712 Magnavox Way, P.O. Box 2338
Fort Wayne, IN 46801-2338
(800) 440-5580 Fax (260) 459-5810
www.kandkinsurance.com
CA #0334819

SPORTS COMPLEX
APPLICATION

Insured's Name (as will appear on policy):

Contact Person:

Mailing Address:

City: State: Zip:

Facility Address:

City: State: Zip:

Phone: Fax:

Web Site:

Tax ID Number: Applicant is: Owner Tenant

Effective Date: Expiration Date:

Number of years in business: Number of years under current management:

Type of facility: Indoor Outdoor Both

Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, major sports stadium, or a major amusement park? Yes No

If yes, explain:

List any entity that you are required by contract to name as an additional insured, include name and relationship:

(provide copy of contract)

Number of staff (total): Full-time Part-time

Days and hours of operations:

Type of flooring:

Type of protection used to safeguard spectators:

OPERATIONS/PROCEDURES

- 1. Are the rules posted and enforced at all times?
2. Are signs clearly posted to identify exits and hazards?
3. Do participants wear safety equipment at all times?
4. Are all participants required to sign an individual waiver and release form?
5. If you suspect an athlete has a concussion, do you have an action plan that includes:
a. Immediately removing the athlete from play or practice?
b. Keeping the athlete out of play or practice until they provide written clearance from a licensed physician?
6. Is the insured a member of a sanctioning body?
7. Are instructors employees of the insured?
8. Are referees employees of the insured?
9. Are parking lots well lit and/or patrolled?

- 10. Are there procedures in place to suspend outside play during inclement weather? Yes No
Describe: _____
- 11. Are crews prepared and on duty to clean up spills? Yes No
- 12. Are restrooms checked/cleaned during operations? Yes No
- 13. Are any attending medical professionals available on the premises? Yes No
- 14. Do you have a skate park operation that includes apparatuses? Yes No
- 15. Are certificates listing applicant as an additional insured obtained for tenants and/or subcontracted services? Yes No
(If yes, provide copies of contracts.)

List subcontractors or tenant's name	Operation
_____	_____
_____	_____
_____	_____

SNACK BAR/RESTAURANT EXPOSURES

- 1. Are all cooking surfaces properly fire protected? Yes No
- 2. What type of Automatic Extinguishing System (AES) is in place? _____
- 3. Do you have a contract for servicing and maintaining the automatic extinguishing system? Yes No
- 4. How often is this system serviced & maintained? Monthly Quarterly Semi-Annually Annually
- 5. How often are filters cleaned? _____
- 6. By whom? _____
- 7. How often are hoods/duct cleaned? _____
- 8. By whom? _____

LIQUOR

- 1. Are alcoholic beverages sold? Yes No
- 2. License holder: _____ Liquor license# : _____
- 3. Have you ever been fined or had your license revoked or suspended? Yes No
- 4. If yes, please explain: _____
- 5. Do all servers receive alcohol awareness training? Yes No
- 6. If yes, please describe training:
- 7. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
- 8. Do you stop serving at least one hour prior to closing? Yes No

FLOAT TANKS

- Do you have a Float Tank? Yes No
If yes, provide:
- 1. Name of the chamber manufacturer: _____
- 2. An explanation or copy of the staff training program: _____

- 3. How is the chamber operated? (i.e. controlled by member/guest or staff) _____
- 4. Is the chamber used for medical rehab or for on-demand type voluntary use? _____
- 5. Copy of waiver form being used for the chamber.

REVENUE SOURCES

SPORTS ACTIVITIES	Income	Certificates obtained?		Waiver/Release forms signed?	
Groups with insurance	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facility-organized including leagues, tournaments, lessons, open play, etc.	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Batting cages	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parties	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camps/Clinics	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other: _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concessions	_____				
Vending	_____				
Liquor	_____				
Pro Shop	_____				
Arcade	_____				
Equipment Rental	_____				
TOTAL		_____			

1. List all sporting activities that take place: _____

2. Have you had or do you plan on scheduling any of the following activities? Co/Self-promoted

Bungee operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Events that have amusement devices present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Iron Man/Tough Man events	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? Yes No

4. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? Yes No

If yes, do you require a Certificate of Insurance naming you as an Additional Insured? Yes No

Minimum Liability Limits required? Yes No

Do you require coverage to be shown for both General Liability and for Participant Legal Liability? Yes No

5. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? Yes No

6. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? Yes No

7. Does the course involve any mud obstacles? Yes No

Participant Accident (Excess Medical Coverage)

Number of participants: Youth(up to 18): _____ Adult: _____

Limits available	Deductible Options
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$250
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$500
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$1,000

NONOWNED/HIRED AUTO LIABILITY

1. Do you have a Business Auto Policy for owned autos? Yes No
If yes, coverage should be obtained under your Business Auto Policy.
2. Do employees or volunteers routinely use their autos for company business? Yes No
Explain: _____
Total number of employees: _____ Total number of volunteers: _____
3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the employees or volunteers can use the auto?..... Yes No
4. During the last three years have you leased, borrowed or hired any vehicles for your business?..... Yes No
5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) _____

6. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)?..... Yes No
If no, all drivers and operators will be required to hold the appropriate driver’s license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:
 - *Alert Driving: www.alertdriving.com*
 - *National Safety Council: www.nsc.org*
 - *Smith System Training: www.smith-system.com*

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

7. List of Drivers:

Name	Birthdate	Driver’s License	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit the following with completed application:

- Copy of waiver/release forms and team rosters**
- Five years (including current year) carrier loss runs**
- Schedule of events/brochures**
- Income/expense statement with balance sheet**
- Sanctioning body/Lease agreement with facility**
- Copy of lease agreement with landlord if applicable**
- Copy of lease agreement with any tenant if applicable**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant’s Signature

Producer’s Signature (if applicable)

Applicant’s Name (print)

Producer’s Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)



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BATTING CAGE OPERATIONS MINIMUM UNDERWRITING GUIDELINES

The following guidelines have been established as minimum requirements for batting cage operations:

FAST PITCH BATTING CAGE OPERATIONS

1. Patrons must be required to wear batting helmets.
2. Patrons must be at least 4'6" tall or a height specified by the manufacturer.
3. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
4. Occupancy must be limited to one (1) person per cage.
5. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain site.
6. Batting cages must be completely self-contained or closed.
7. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
8. Accuracy and maintenance checks must be performed on a regular basis.
9. Maximum ball speed of any machine must not exceed 80 miles an hour.
10. Children under the age of 12 must not be allowed access to the cages with ball speeds in excess of 65 MPH.
11. There must be a light or other indicator to show when final ball is pitched.

SOFTBALL/SLOW PITCH BATTING CAGES

1. Patrons must be at least 48" (four feet) tall or a height specified by the manufacturer.
2. Patrons younger than 8 years old must be accompanied by a parent or guardian (present, but NOT inside the cage).
3. Occupancy must be limited to one (1) person per cage.
4. Attraction rules, including height requirements, operating instruction and assumption of risk must be posted in plain site.
5. Batting cages must be completely self-contained or closed.
6. Patrons must not be allowed to alter settings on the pitching machines. Any adjustments must be made by an employee.
7. Accuracy and maintenance checks must be performed on a regular basis.
8. There must be a light or other indicator to show when final ball is pitched.

Note: Any deviation from these guidelines must be documented and submitted to K&K along with the application for consideration and receive written approval for the exception from K&K.

 Applicant's Signature

 Date



ABUSE & MOLESTATION SUPPLEMENTAL QUESTIONNAIRE

Named Insured: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

- Identify current hiring practices for paid and volunteer staff:
 - Are employment applications required for positions? Yes No
 - Is prior employment verified for each applicant and recorded in applicant's file? Yes No
 - Are references obtained? Yes No Are references checked? Yes No
 - Are criminal records checked? Yes No
 - Does your employment application include questions regarding prior criminal convictions? Yes No
 - Do you advise every applicant that criminal background checks will be performed? Yes No
- Identify staff status (check all that apply): Employees Volunteers Parent-volunteers
 - Are all staff members age 21 years or older? Yes No
- Do you discuss the importance of providing a safe environment for the children in your care? Yes No
- Does your orientation include how to recognize the signs of an abused child? Yes No
- Do you have written procedures to follow if a child, member, or employee reports an incident of sexual or physical abuse or molestation? Yes No
- Do you have periodic refresher courses to ensure that your entire staff can recognize the signs of sexual or physical abuse and knows what procedures to follow? Yes No
- Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
- Has a claim ever been made against your facility? Yes No

If yes, please explain in detail, including the amount of damages paid to the victim: _____

9. What has been done to prevent such occurrences from happening in the future? _____

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)



MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name: _____

FRAUD WARNING

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.

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

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 of the third degree.

Applicable in KY

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.

Applicable in ME, TN, and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA

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.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.

FRAUD APPS (2019/11)

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE (if applicable)

PRINT NAME

PRINT NAME

DATE (MM/DD/YY)

DATE (MM/DD/YY)