

## Supplemental Sports Facility Questionnaire

**Separate application required for each location**

I. General Information			
Named Insured		DBA	
Facility Address			
Website		Email	
Is the applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant (provide a copy of the lease agreement)		Is the applicant: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Profit <input type="checkbox"/> Municipality	

  

II. General Operation and Training			
How long has facility been in business? (If new facility, please provide a copy of a business plan and financial statement.)		Number of years under current management? If less than 3 years, provide their resume.	
Type of Facility		Square footage of facility	
Capacity of Facility			
Number of outdoor fields		Total acreage	
Number of indoor playing surfaces			
Type of protection used to safeguard spectators		Hours/Days/Months of operations	
Number of staff (total): Full Time _____ Part Time _____			
How many of your employees are present during operational hours that are certified in: CPR? _____ First Aid? _____ AED? _____			
Are all personnel (including instructors, trainers & therapist) your employees? (if no, please list out subcontractors on attached form)			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Response time of nearest emergency services:			
Are code of conduct signs posted around facility and discussed with all participant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are signs clearly posted to identify exits and hazards?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do participants wear safety equipment at all times?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a waiver/hold harmless signed by each adult participant and by the parent/guardian of minors participants noting that one adult can not waive the rights of another adult?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there written medical emergency and evacuation procedures in place that are rehearsed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the facility have written maintenance procedures including checklists and logs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the facility inspected regularly for hazards including the fields of play prior to each activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are crews prepared to clean up spills during operational hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are restrooms cleaning logged and monitored during operational hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are parking lots well lit, maintained and free of hazards such as potholes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any attending medical professionals available on premises?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What safety features are present:			
Sprinklers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarms?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Smoke Detectors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fire Extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At the time of incident/accident, who completes the reporting form?	
Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Injured party?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### III. Services

Food Services: Does your facility have a:

Restaurant: ☐ Owned ☐ Non-owned Square footage: \_\_\_\_\_

If non-owned, please list operating company: \_\_\_\_\_

Snack/Juice Bar: ☐ Owned ☐ Non-owned Square footage: \_\_\_\_\_

If non-owned, please list operating company: \_\_\_\_\_

Vending: ☐ Owned ☐ Non-owned Square footage: \_\_\_\_\_

If non-owned, please list operating company: \_\_\_\_\_

Is certificate of insurance naming facility as Additional Insured obtained? ☐ Yes ☐ No

Do you require a Rental Agreement? ☐ Yes ☐ No

Are all grills and deep fryers equipped with:

Hoods? ☐ Yes ☐ No

Automatic fire suppression systems and fuel shutoff controls? ☐ Yes ☐ No

UL300 compliant? ☐ Yes ☐ No

Are all hoods and filters cleaned regularly and degreased? ☐ Yes ☐ No

Do you have a cleaning contract in place? ☐ Yes ☐ No

Are alcoholic beverages sold/served or allowed at your facility? ☐ Yes ☐ No

If yes, is Liquor Liability in place? ☐ Yes ☐ No

Does your facility have a pro shop? ☐ Yes ☐ No

If yes, who operates? ☐ Facility ☐ Subcontractor

If subcontracted,

Do you require a Certificate of Insurance with Additional Insured status? ☐ Yes ☐ No

Do you require a rental agreement? ☐ Yes ☐ No

Do you rent or repair sports equipment? ☐ Yes ☐ No

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

Does facility have Climbing Walls? ☐ Yes ☐ No

If yes, please complete Climbing Wall Questionnaire.

Do you have any other services that are subcontracted? ☐ Yes ☐ No

If yes, describe including square footage: \_\_\_\_\_  
 \_\_\_\_\_

Do you provide transportation to or from the club for any activities?

☐ Yes ☐ No

If yes, please complete Public Transportation Questionnaire.

### III. Day Camp Operation

Does your facility conduct Day Camp operations?

☐ Yes ☐ No

(if no, proceed to next section)

Is the camp: ☐ Co-Ed ☐ Boys ☐ Girls ☐ Adults

What is the age range of campers? \_\_\_\_\_

What is the age range of counselors/instructors? \_\_\_\_\_

What is the ratio of counselors/instructors to campers? \_\_\_\_\_

Day camp start and end time? \_\_\_\_\_

Estimated number of camper days \_\_\_\_\_ (number of campers times number of camp days)?

Are children transported to various locations by insured?

☐ Yes ☐ No

If Yes, please complete Public Transportation Supplemental.

Provide a complete list of all activities the campers will be involved with: \_\_\_\_\_

Provide copies of any brochure and/or promotional materials regarding day camp.

Provide copy of waiver and release form to be secured for each camper noting that parents must sign for each minor child and that minors 13 and over to sign in addition to their parents.

Do you have any overnight camps operations either on or off-site?

☐ Yes ☐ No

### V. Swimming Pool

Does your facility have a swimming pool?

☐ Yes ☐ No

(if no, proceed to next section)

Number of Pools? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

Depth of Pools? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_

If depth of pool is greater than 5 feet, has diving boards or waterslides or any outdoor pools, complete Swimming Pool Questionnaire.

### VI. Batting Cages

Does your facility have batting cages?

☐ Yes ☐ No

(if no, proceed to next section)

Number of batting cages? \_\_\_\_\_

Number of attendants? \_\_\_\_\_

Minimum age of participants? \_\_\_\_\_

Are daily accuracy & maintenance checks made?

☐ Yes ☐ No

Reduce Injury Factor (RIF) baseballs used?

☐ Yes ☐ No

Number of people allowed in batting cage at one time? \_\_\_\_\_

Are batting helmets required?

☐ Yes ☐ No

Are cages completely enclosed?

☐ Yes ☐ No

Are all surfaces non-skid?

☐ Yes ☐ No

Are setting on pitching machines secured?

☐ Yes ☐ No

What is the maximum speed? \_\_\_\_\_

## **VII. Summary of Requested Items**

Fully Completed & Signed Applications:

- Facility Insurance Supplemental
- ACORD Applications for each requested coverage lines
- Liquor Liability Supplemental (if applicable)
- Abuse & Molestation Supplemental (if applicable)
- Swimming Pool Supplemental (if applicable)
- Climbing Wall Supplement (if applicable)
- Camp Supplemental (if applicable)
- Non Owned/Hired Auto Supplemental (if applicable)
- Public Transportation Supplemental (if applicable)

5 Year Currently Valued Hard Copy Loss Runs

Copies of all Waiver/Hold Harmless agreements signed by member and guests

Fiscal year end financial statement including both income statement and balance sheet

If new venture, provide copies of business plan, financial proforma and resumes for managers

Pictures and brochure(s)

Certificate of Insurance from all contracted/subcontracted services naming club as additional insured

Certificate of Insurance from all contracted instructors naming the club as additional insured

**VIII. Sports Facility Revenue Source Sheet**

	Income (List anticipated revenue for the next 12 months)	Sanctioned?		Waiver/Release Forms Signed?		Sanctioning Organization
<b>A. ADULT SPORTS ACTIVITIES</b>						
Soccer		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Basketball		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lacrosse		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Football		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Volleyball		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In-Line		<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	
Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>B. YOUTH SPORTS ACTIVITIES</b>						
Soccer		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Basketball		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Lacrosse		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Football		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Volleyball		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In-Line		<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	
Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>C. OTHER REVENUES</b>						
Concessions		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vending		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Arcade Revenue		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alcohol Sales		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pro Shop		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Equipment Rental		<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	
Other: _____		<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	
Total \$		0.00				

\*If any services are sub-contracted provide copy of contract.

## IX. Summary Of Sports Activities

Activity	# of Participants	Age Range	Waivers	Sanctioned	Start Date	End Date
<b>A. TEAMS/LEAGUES/INDIVIDUAL SPORTS: (Baseball, Volleyball, Field Hockey)</b>						
<i>i.e.: Soccer</i>	<i>250</i>	<i>6-Adult</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes USYSA <input type="checkbox"/> No	<i>Apr 1</i>	<i>Sep 1</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>B. CAMPS/CLINICS/INSTRUCTIONS: (individual and group lessons, day camps)</b>						
<i>i.e.: Summer Soccer Camp</i>	<i>100</i>	<i>8-16</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Jun 15</i>	<i>Aug 1</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>A. TEAMS/LEAGUES/INDIVIDUAL SPORTS: (Baseball, Volleyball, Field Hockey)</b>						
<i>i.e.: Soccer Tournament</i>	<i>60</i>	<i>12-16</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Mar 1</i>	<i>Mar 7</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Insured Signature

Date