

BATTING CAGES QUESTIONNAIRE

Separate application required for each location

I. GENERAL INFORMATION

NAMED INSURED: _____ DBA: _____

FACILITY ADDRESS: _____

WEBSITE: _____ EMAIL: _____

II. BATTING CAGE INFORMATION

1. Number of Batting Cages: _____
2. Number of Attendants: _____
3. Minimum Age of Participants: _____
4. Are daily accuracy & maintenance checks made? Yes No
5. Reduced Injury Factor (RIF) baseballs used? Yes No
6. Number of people allowed in batting cage at one time? _____
7. Are batting helmets required? Yes No
8. Are Cages completely enclosed? Yes No
9. Are all surfaces non-skid? Yes No
10. Are Settings on Pitching machine secured? Yes No
11. What is maximum speed? _____

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)