

SUPPLEMENTAL FACILITY INSURANCE APPLICATION

Facility Name: _____ Facility Age: _____

Contact Person: _____ Title: _____

Facility Location: _____

Phone: _____ Fax: _____ Email: _____

1. Annual Admissions: # _____ Seating: _____ Total Capacity: _____

2. Total Gross Receipts: _____ Concession Receipts: _____

3. Additional Insured: (as they will appear on the policy)

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

- If additional space is required, please use the back of this form or attach a separate sheet.
- If the additional insured is an owner, manager or lessor of the premises, please indicate the premises leased or rented to you by the designated additional insured as respects your activity or operation.

4. Who is responsible for the following? (check one)

	Facility	Tenant	* Sub-Contracted	Other	(Describe)
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Media Contract (TV/Radio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

* If subcontracted, please enclose copy of contract.

5. Are Certificates of Insurance obtained from those services that are sub contracted? Yes No

6. Are all events covered by underlying insurance? Yes No

If "no", please explain: _____

7. Are parking lots well lit? Yes No

8. Are these area patrolled before event? Yes No
 During Event? Yes No
 After Event? Yes No

9. Is there valet parking? Yes No

10. Are tailgate parties permitted? Yes No
 If yes, please describe specific security (please attach additional page if more space is needed)

11. How long has current management been at this facility? _____

12. Name of person in charge of security? _____

13. How long has this person held the position? _____

14. Is there a risk management manual in place? Yes No
 If "yes", please attach a copy.

15. Are safety audits conducted? Yes No

If "yes", by whom? _____

Internal? _____

External? _____

16. How many security personnel are utilized on event day? _____

17. Are uniformed officers present? Yes No

18. Are security personnel armed? Yes No
 Enclose copies of all printed instruction and training manuals for security personnel

19. Is there an emergency evacuation plan established for the facility? Yes No
 If yes, please attach a copy of the plan

- a. Do you require all applicants to complete an application for employment including signatures and application date? Yes No
- b. Do you conduct personal and professional reference checks on all applicants considered for positions prior to job offer and document reference check findings? Yes No
- c. Do you conduct background checks (arrest and convictions records education, etc.) based on state working in or residing in? Yes No

20. Please answer the following questions regarding the named areas of the facility:

21.

AREA	MEETS LOCAL/COUNTY/STATE SAFETY CODES			NON-SKID SURFACE			WELL-ILLUMINATED		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
All Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways & Aisles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locker Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs & Stairwells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Are there escalators?..... Yes No

23. Are all the entrance egress areas clearly marked?..... Yes No

24. Describe general maintenance, housekeeping and maintenance of building grounds and parking lots:

Excellent Good Fair Poor

25. Are signs posted in high traffic areas and announcements made on the public address systems to make spectators aware of assumption of risk in attending the event activities?..... Yes No

26. Are restrooms monitored?..... Yes No

27. Are crews prepared and on-duty to clean up spills? Yes No

28. Are coolers, thermoses, bottles or cans permitted on premises during events?..... Yes No

29. Are banners, flags or pompoms permitted in the facility during the event? Yes No

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

31. Are alcoholic beverages sold? Yes No Served? Yes No

32. Are security personnel present at the alcohol distribution sites?..... Yes No

33. Describe fire fighting and/or prevention equipment, features, numbers and locations. (i.e. extinguishers, hydrants, sprinklers, etc.) _____

34. What is the response time of the nearest fire station? _____minutes

35. Are first aid facilities maintained?..... Yes No

36. Are attending medical professionals available? Yes No

37. What is the response time of the nearest ambulance? _____ minutes

38. Are TV/Media used in the facility? Yes No
 (Describe equipment used and safety precautions taken – i.e. placement of wired power equipment secured, placement of tripod cameras, etc.)

39. Does the insured presently carry insurance of this type? Yes No
 If “yes”, company’s name: _____

40. Has any insurance carrier cancelled or refused coverage? Yes No

If “yes”, please explain: _____

41. Please list the loss information for the past three years (enclose corresponding company loss runs):

Policy year	_____	_____	_____
Total Premium	\$ _____	\$ _____	\$ _____
Total insured claims	\$ _____	\$ _____	\$ _____

Description of claims or reserves over \$10,000: _____

I UNDERSTAND THAT THIS APPLICATION AND ALL INFORMATION SUPPLIED IS PART OF THE APPLICATION PROCESSES AND WILL BE RELIED UPON BY THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE THE INSURANCE COVERAGE HERIN REQUESTED AND THAT THE APPLICATION WILL BECOME A PART OF ANY CONTRACT OF INSURANCE ENTERED INTO ANY MATERIAL MISREPRESENTATION OR FALSE COVERAGE. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION AND THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. I FURTHER WARRANT THAT I HAVE MADE OR I WILL MAKE THE NECESSARY MAINTENANCE INSPECTIONS AND THAT ALL NECESSARY REPAIRS HAVE BEEN MAKE TO ENSURE THAT MY PROPERTY AND OPERATIONS ARE AND WILL REMAIN IN COMPLIANCE WITH ANY UNDERWRITING CRITERIA FURNISHED ME.

IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS APPLICATION IS ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature: _____ Date: _____

Title: _____