



23. Are parking lots well lit, maintained and free of hazards such as potholes?  Yes  No
24. Are any attending medical professionals available on premises?  Yes  No
25. What safety features are present:
- Sprinklers?  Yes  No
  - Alarms?  Yes  No
  - Smoke Detectors?  Yes  No
  - Fire Extinguishers?  Yes  No
  - AED?  Yes  No
26. At the time of incident/accident, who completes the reporting form?
- Staff?  Yes  No
  - Witnesses?  Yes  No
  - Injured party?  Yes  No

### III. SERVICES

1. 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
2. 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
3. Do you rent or repair sports equipment?  Yes  No
- If yes, please explain: \_\_\_\_\_
-

4. Does facility have Climbing Walls?  Yes  No  
If yes, please complete Climbing Wall Questionnaire.
5. Do you have any other services that are subcontracted?  Yes  No  
If yes, describe including square footage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you provide transportation to or from the club for any activities?  Yes  No  
If yes, please complete Public Transportation Questionnaire.

**IV. DAY CAMP OPERATIONS**

1. Does your facility conduct Day Camp operations?  Yes  No  
(if no, proceed to next section)
2. Is the camp: \_\_\_\_\_ o-Ed  Boys  Girls  Adults
3. What is the age range of campers? \_\_\_\_\_
4. What is the age range of counselors/instructors? \_\_\_\_\_
5. What is the ratio of counselors/instructors to campers? \_\_\_\_\_
6. Day camp start and end time? \_\_\_\_\_
7. Estimated number of camper days ? \_\_\_\_\_ (number of campers times number of camp days)
8. Are children transported to various locations by insured?  Yes  No  
If Yes, please complete Public Transportation Supplemental.
9. Provide a complete list of all activities the campers will be involved with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Provide copies of any brochure and/or promotional materials regarding day camp.
11. 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.
12. Do you have any overnight camps operations either on or off-site?  Yes  No

**V. SWIMMING POOL**

1. Does your facility conduct Day Camp operations?  Yes  No (if no, proceed to next section)
2. Number of Pools? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_
3. Depth of Pools? Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_  
If depth of pool is greater than 5 feet, has diving boards or waterslides or any out door pools, complete Swimming Pool Questionnaire.

**VI. BATTING CAGES**

1. Does your facility have batting cages?  Yes  No  
(if no, proceed to next section)
2. Number of batting cages? \_\_\_\_\_
3. Number of attendants? \_\_\_\_\_
4. Minimum age of participants? \_\_\_\_\_
5. Are daily accuracy & maintenance checks made?  Yes  No
6. Reduce Injury Factor (RIF) baseballs used?  Yes  No
7. Number of people allowed in batting cage at one time? \_\_\_\_\_
8. Are batting helmets required?  Yes  No
9. Are cages completely enclosed?  Yes  No
10. Are all surfaces non-skid?  Yes  No
11. Are setting on pitching machines secured?  Yes  No
12. What is the maximum speed? \_\_\_\_\_

**VII. SUMMARY OF REQUESTED ITEMS**

1. 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)
2. 5 Year Currently Valued Hard Copy Loss Runs
3. Copies of all Waiver/Hold Harmless agreements signed by member and guests
4. Fiscal year end financial statement including both income statement and balance sheet.
5. If new venture, provide copies of business plan, financial proforma and resumes for managers
6. Pictures and brochure(s)
7. Certificate of Insurance from all contracted/subcontracted services naming club as additional insured
8. 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	_____
<b>Total</b>		<b>\$</b> _____				

\*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>	250	6-Adult	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes USYSA <input type="checkbox"/> No	Apr1	Sep1
			<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 ang group lessons, day camps)</b>						
<i>i.e.: Summer Soccer Camp</i>	100	8-16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jun 15	Aug 1
			<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>	60	12-16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mar 1	Mar 7
			<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: \_\_\_\_\_