

Professional Teams Application

Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Location to be insured has been under present management since (year): _____

Is the applicant a member of any safety association? ☐ Yes ☐ No

If yes, please provide name of association: _____

List previous names under which the applicant has operated, if applicable:

Name: _____

Name: _____

General Information

Policy period requested: From _____ to _____

Check the type of coverage requested:

- ☐ GL
- ☐ EBL (Number of employees _____)
- ☐ Liquor
- ☐ Pyrotechnics
- ☐ Auto
- ☐ IM
- ☐ Sexual Abuse & Molestation
- ☐ Property
- ☐ Crime
- ☐ Excess
- ☐ D&O
- ☐ WC
- ☐ Other: _____

Does the applicant engage in any other business operations under the name of the insured as will appear on the policy?

☐ Yes ☐ No

If yes, please explain, including whether or not other insurance coverage applies along with carrier and policy number:

Has this insurance ever been canceled, declined, or non-renewed?

☐ Yes ☐ No

If yes, please explain:

Does the applicant's current general liability policy have a deductible or self-insured retention?

☐ Yes ☐ No

If yes, amount: _____

General Information (Continued)

Additional insureds:

Name	Address	Relationship	Certificate Required
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

(Please list as they will appear on the policy. If additional space is needed, please attach a list to this form.)

Venue

Stadium name: _____

Stadium address: _____ City: _____ State: _____ ZIP: _____

Does the applicant own or lease the facility? ☐ Own ☐ Lease

Stadium seating capacity: _____

Is the applicant affiliated with a major league baseball team? ☐ Yes ☐ No

If yes, which team? _____

Does the applicant's stadium meet the 2015 netting recommendations as proposed by MLB? ☐ Yes ☐ No

If not, are there plans to make changes in the future? ☐ Yes ☐ No

If yes, estimated completion date: _____

Number of years in business: _____

Number of years management experience: _____

Estimated annual turnstile attendance: _____

Turnstile attendance for the last three years: Year 1 _____ Year 2 _____ Year 3 _____

Describe any non-game day event attendance for self-promoted events:

Type of Events:

Describe any non-game day event attendance for events promoted and insured by others:

Type of Events:

Does the applicant receive a certificate naming them as additional insured with limits of at least \$1,000,000? ☐ Yes ☐ No

Does applicant hold Rap and/or Hip Hop concerts? ☐ Yes ☐ No

If yes, please provide details:

Does applicant operate seasonal haunted houses? ☐ Yes ☐ No

If yes, are fire safety codes met and fire marshal certificates obtained? ☐ Yes ☐ No

Does applicant operate amusement devices such as the following?

- ☐ Mechanical rides
- ☐ Water slides
- ☐ Rock climbing walls
- ☐ Dunk tanks
- ☐ Sledding/tubing/snow magic
- ☐ Bungee jumping
- ☐ Trampolines/bungee trampolines
- ☐ Go-carts
- ☐ Inflatables
- ☐ Other: _____

If yes, please provide details, including whether or not other insurance is provided by the attraction owner, how the attraction is supervised, and whether or not participants/parents/guardians sign waivers:

List and describe the applicant's typical patron on-field/between innings interactive activities:

Do participants (or parents/guardians) sign waivers? ☐ Yes ☐ No

Does applicant have hot tubs available for stadium guests? ☐ Yes ☐ No

If yes, describe chemical safety measures with regard to storage and use:

How often is the water changed? _____

Is the area supervised at all times of use? ☐ Yes ☐ No

Describe surface area with regard to nearby electrical hazards, foul ball protection, and slip/fall control:

Age requirement: _____

Waivers signed by all users? ☐ Yes ☐ No

Is the applicant responsible for annual stadium operations? ☐ Yes ☐ No

During home games, who is responsible for the following activities:

	Stadium/ facility	Team	Other (Describe)	Insurance certificate on file?
Parking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Ticket sales	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Concession sales (excluding alcohol)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
Alcohol sales	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
First aid/medical	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No

Safety & Security

If the applicant is responsible for security, who provides it?

☐ City/county/state

☐ Private agency

If private agency, do they provide a Certificate of Insurance naming the applicant as an additional insured with limits of at least \$1,000,000? ☐ Yes ☐ No

Is the applicant held harmless and indemnified by contract? ☐ Yes ☐ No

☐ Team staff

Are staff members armed? ☐ Yes ☐ No

If yes, attach training procedures to this application.

Safety & Security (Continued)

Is there an emergency evacuation plan established for this facility?

☐ Yes ☐ No

Describe the applicant's medical response procedures and staff:

Concessions & Liquor

Does the applicant's organization sell or serve alcoholic beverages?

☐ Yes ☐ No

Type of alcoholic beverages sold:

Annual gross alcohol sales:

Annual gross food sales:

Has the applicant's alcohol beverage license ever been revoked, suspended, or fined?

☐ Yes ☐ No

If yes, please explain:

Has the applicant incurred claims for liquor liability during the last three years?

☐ Yes ☐ No

If yes, please explain:

Has any insurer canceled or non-renewed coverage during the last three years?

☐ Yes ☐ No

If yes, please explain:

Are patrons allowed to carry alcoholic beverages onto the premises?

☐ Yes ☐ No

If yes, please explain:

Do servers receive alcohol awareness training?

☐ Yes ☐ No

If yes, please describe the training:

Does the applicant stop alcohol sales at the bottom of the seventh inning?

☐ Yes ☐ No

Does another entity sell or serve alcoholic beverages on the applicant's behalf?

☐ Yes ☐ No

If yes, do they provide liquor liability coverage naming the applicant as an additional insured with limits of at least \$1,000,000?

☐ Yes ☐ No

Please provide a copy of this certificate.

Is the applicant held harmless and indemnified by contract?

☐ Yes ☐ No

Additional Exposures

Does the applicant contract with a pyrotechnics company to provide shows as part of its operations?

☐ Yes ☐ No

If yes, do they provide a Certificate of Insurance naming the applicant as an additional insured with limits of at least \$1,000,000?

☐ Yes ☐ No

Please provide a copy of this certificate.

Is the applicant held harmless and indemnified by contract?

☐ Yes ☐ No

If this operation is not subcontracted, do the applicant's employees conduct pyrotechnics shoots?

☐ Yes ☐ No

If yes, what are their qualifications?

Describe firefighting protocol:

Does the applicant operate youth camps and/or clinics?

☐ Yes ☐ No

Average number of campers per day:

Number of days per week:

Number of weeks per year:

Does the applicant have any overnight camps?

☐ Yes ☐ No

Average number of campers per day:

Number of days per week:

Number of weeks per year:

Does the applicant discuss child/sexual abuse during camp/clinic staff orientation, including how to recognize the signs and how to handle allegations?

☐ Yes ☐ No

Does the applicant's staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex related or child abuse related offenses?

☐ Yes ☐ No

If the application contains this type of question, and the applicant checks "yes" to prior convictions, are they refused a position of employment?

☐ Yes ☐ No

Does the applicant's state permit them to conduct criminal background investigations on staff members?

☐ Yes ☐ No

If yes, does the applicant request and receive such background investigations on all staff members?

☐ Yes ☐ No

If yes, who provides this service?

Has the applicant ever had an incident that resulted in an allegation of sexual abuse at its facility?

☐ Yes ☐ No

If yes, please provide details:

Submission Requirements

This application requires additional documentation:

- Copies of contracts with respects to stadium lease and other contracts where the applicant assumes liability of another party
- Five years currently valued loss runs
- Safety training procedures for applicant's staff
- Copy of Certificate of Insurance from any entity selling or serving alcoholic beverages on behalf of the applicant
- Copy of Certificate of Insurance from pyrotechnics company, if applicable
- Copy of Certificate of Insurance from amusement ride operator, if applicable
- Copy of waiver/release forms
- ACCORD application required with Experience Modification Worksheet (if applicable)

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, 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 FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA 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 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 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 PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER