

Supplemental Application

AMATEUR SPORTS RISK

Named Insured: _____

Agency: _____

Agency Code: _____

Program Group Code:

☐ ZSL Sport League/Team

☐ ZSK Sport Clinic/Camp

Please attach the following to submission requirements:

☐ Company Loss Runs (minimum three years)

☐ ACORD Applications for all coverages desired

☐ Brochure, advertising materials and website information

☐ Copy of liability waivers/release forms

Website: _____

GENERAL INFORMATION

1. Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Non-Profit ☐ Other _____

2. Organization: ☐ Team ☐ League ☐ Instructional Camp/Clinic ☐ Other _____

3. Years this entity has been in business: _____ Number of years experience of this owner: _____

4. Please provide the following operation information:

a. Total gross sales revenue: \$ _____

b. Number of Employees: Full time: _____ Part time: _____

c. Number of volunteers: _____

d. Please provide months of operation: _____

e. Please indicate how many fields/facilities you utilized:

☐ Privately owned #: _____ ☐ Organization owned #: _____ ☐ Municipality owned #: _____

f. Who is responsible for daily field/facility maintenance? ☐ Your organization ☐ Landlord

g. Do you have any inflatable equipment? ☐ Yes ☐ No

If Yes, please complete separate Inflatable Equipment Supplemental.

5. Prior Carrier Information:

Insurance Company: _____ Annual Premium: _____

a. Does your current policy cover Sexual Abuse Coverage? ☐ Yes ☐ No

If Yes, limits \$ _____

b. Have any of your policies or coverages been declined, canceled, or non-renewed in the past three years? ☐ Yes ☐ No

If Yes, please explain: _____

c. Have you or any director, officer or employee been convicted of a crime within the past ten years? ☐ Yes ☐ No

If Yes, please explain: _____

6. Do you have an accident/medical policy in place? ☐ Yes ☐ No

If Yes, please indicate what limits are covered per accident:

☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ Other \$ _____

7. Please provide number of personnel employed:

Administrators _____ Managers _____ Coaches _____

Personal trainers _____ Nonprofessional employees _____ All Other _____

8. Are coaches, managers, trainers, officials, or referees independent contractors that are paid a fee for their services? ☐ Yes ☐ No
Please advise total: _____
If Yes, do you desire them to be added as Additional Insureds on your policy? ☐ Yes ☐ No
9. Indicate any of the following hiring practices followed by the administration:
- ☐ Signed employment applications are obtained for all potential employees
 - ☐ Employee referrals are used
 - ☐ Complete personal references are checked
 - ☐ National criminal background checks on all employees are required
 - ☐ National criminal background checks on volunteer workers working with youth are required
 - ☐ Documentation of employment applications and background/reference checks maintained
 - ☐ We conduct an employee orientation covering all written policies with documentation kept in file

FACILITY POLICY AND PROCEDURES

1. Please indicate any of the following building access and safety procedures that are in place:
- ☐ Member sign-in procedures ☐ Guest sign-in procedures ☐ Security cameras utilized
 - ☐ Fire and emergency drills conducted ☐ Other security measures
2. Please indicate any of the following member/guest practices followed by the administration:
- ☐ General health application completed or health examination required on all new members
 - ☐ A pre-activity evaluation completed by qualified staff for all new members (cardio risk screening)
- If not completed, do you require sign-off if declined assessment and/or training? ☐ Yes ☐ No
- ☐ All members/participants required to sign an assumption-of-risk disclosure and waiver/release of liability prior to participating in any physical activity
 - ☐ All guests are required to sign waiver-of-liability forms
 - ☐ All members and guests are instructed on how to properly use equipment
 - ☐ Written incident report system (accident log kept of all injuries and accidents)
3. Please indicate any of the following procedures for fitness equipment followed by the administration:
- ☐ Written instruction of proper use posted on each piece of equipment
 - ☐ Member/user age restriction with no youth < 16 years of age
- If No, please explain: _____
- ☐ Regular schedule of inspection and preventive maintenance of all apparatus, exercise equipment
- If applies, how often do you inspect your equipment? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____
- ☐ Regular schedule for cleaning and disinfecting of equipment with records maintained
 - ☐ All equipment inspection and repair logs maintained (with details, date/time, and repair service)
 - ☐ Require certificate of insurance and hold harmless agreement for any vendors repairing equipment
 - ☐ Equipment inspected annually by a professional servicing company
- If applies, please provide company name: _____
4. Do you have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
- ☐ Trained staff on duty to actively monitor/supervise the fitness floor and all activity areas
 - ☐ Established closing procedures with checklists covering all activity areas and accountability for completion
 - ☐ Inspection of interior/exterior walking surfaces.
- Please describe the frequency of inspections and how documented: _____
- ☐ Written snow/ice removal procedures if applicable
 - ☐ Life safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls)

5. Please indicate any of the following procedures for wet areas (showers, whirlpools/saunas, poolside) followed by the administration:
- ☐ Showers and locker rooms are disinfected and cleaned daily
 - ☐ Slip-resistant mats placed in all wet areas (poolside, showers, whirlpool/saunas, etc.)
 - If No, what precautions are taken to prevent slips and falls? _____
 - ☐ Temperature limiters or other anti-scalding devices are installed on showers
 - ☐ Sauna(s)/steam-room(s) facilities procedures implemented as follows:
 - ☐ Monitored regularly for usage during open hours. If Yes, how often: _____
 - ☐ Rules are posted regarding the proper use and safety precautions
 - ☐ Maximum recommended exposure time posted
 - ☐ Heating element and thermometer have protective covers to keep inaccessible and prevent burns
 - ☐ All manufacturer recommendations followed for usage and maintenance
 - a. If you have an automatic fire sprinkler, is there a sprinkler head installed in the sauna? ☐ Yes ☐ No
 - b. Is staff required to monitor the sauna interior throughout the day/night? ☐ Yes ☐ No
 - c. Is there a documentation protocol in place? ☐ Yes ☐ No
 - 6. Do you have an all-hazards emergency response plan in place? ☐ Yes ☐ No
 - a. Does your plan include response procedures for medical emergencies? ☐ Yes ☐ No
 - b. Does your plan include response procedures to disease/pandemic outbreaks? ☐ Yes ☐ No
 - c. Indicate if your plan includes response procedures for the following:
 - ☐ Lightning safety if applicable
 - ☐ Heat illness
 - ☐ Recognizing head concussions

OTHER OPERATIONS

1. Do you have hospitality operations within your business including the following?
- | | |
|---|--|
| Overnight accommodations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restaurant | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alcohol served | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility rental space | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other, please list: _____ | |
| If Yes, to any of the above, please explain and provide the sales for each: _____ | |
2. Do you handle your laundry (if any) in-house? ☐ Yes ☐ No
- a. Do you contract the laundry service through an outside vendor? ☐ Yes ☐ No
3. Do you have any air supported bubbles or unique construction? ☐ Yes ☐ No

BUSINESS OPERATIONS—MANAGEMENT—PERSONNEL

1. Please provide management experience and qualifications: _____
2. What experience and/or certifications do your coaches/instructors have? _____
- | | |
|-----------------------------------|--|
| Are coaches certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, by whom? _____ | |
| Are they paid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are officials/referees certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, by whom? _____ | |
| Are they paid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
3. Do you require orientation/training for all your employees? ☐ Yes ☐ No
- Volunteers? ☐ Yes ☐ No
4. Are you a member of any national, state, or local sports association? ☐ Yes ☐ No
- If Yes, please provide the organization: _____
- If No, please advise what rules and regulations are used (i.e., NCAA, high school, your own): _____

If you operate under your own rules and regulations please include a copy with application.

- | | | |
|---|------------------------------|-----------------------------|
| 5. Does the association have membership eligibility requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are you and your staff certified by the association you belong to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you contract with any others for program services for any activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If Yes, please provide details: _____
- | | | |
|---|------------------------------|-----------------------------|
| Do you require a Certificate of Insurance from persons contacted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

ORGANIZATION'S POLICY AND PROCEDURES

- | | | |
|--|--|--|
| 1. Please indicate any of the following sport participants practices followed by the administration: | | |
|--|--|--|
- | | | |
|---|------------------------------|-----------------------------|
| a. All participants are required to sign waiver-of-liability forms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Signed permission and waiver agreements obtained from custodial parents for all minors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. How long are release/waiver documents retained? _____ | | |
| d. All participants are instructed on how to properly use equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. All existing safety rules and regulations are followed by each activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. All safety and activity rules are distributed to all participants/parents and posted | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. We have established rules of conduct that participants/parents are required to sign | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- | | | |
|--|------------------------------|-----------------------------|
| 2. Do you require persons certified in First Aid and CPR onsite or immediately available at all times? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have a written incident report system in place? (accident log kept of all injuries) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- | | | |
|---|--|--|
| 4. Please indicate any of the following procedures for sports protective gear and equipment followed by the administration: | | |
|---|--|--|
- ☐ Protective gear/equipment provided by organization
 - ☐ Participants provide own sports equipment
 - ☐ Written instruction of proper equipment required and proper use covered at meetings for youth programs
 - ☐ Regular inspection of all safety equipment prior to all games/activities conducted
- | | | |
|--|--|--|
| 5. Do you have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas: | | |
|--|--|--|
- ☐ Trained staff on duty to actively monitor/supervise all activity areas
 - ☐ Inspection of all playing fields/courts before games
 - ☐ Regular inspection of all interior/exterior walking surfaces
- Please describe the frequency of inspections and how documented: _____
- | | | |
|---|------------------------------|-----------------------------|
| 6. Do you have an all-hazards emergency response plan in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|
- | | | |
|---|------------------------------|-----------------------------|
| a. Does your plan include response procedures for medical emergencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Please indicate if your plan includes response procedures for the following: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- ☐ Lightning safety if applicable ☐ Heat illness ☐ Recognizing head concussions
- | | | |
|--|------------------------------|-----------------------------|
| c. Does your plan include response procedures to disease/pandemic outbreaks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|
- | | | |
|---|------------------------------|-----------------------------|
| 7. Does the school have a concussion management protocol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|
- | | | |
|--|------------------------------|-----------------------------|
| a. Does the protocol include training in recognizing the signs/symptoms of a concussion or other closed head injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the training required for all coaches/faculty involved in physical education or sports instruction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the protocol when a concussion is suspected require: | | |
- Removing the athlete/student from play? ☐ Yes ☐ No
 - Evaluation by an appropriate healthcare professional? ☐ Yes ☐ No
 - Informing the athlete/student's parents or guardians about the possibility of a concussion and giving them information about concussions? ☐ Yes ☐ No
 - Keeping the athlete/student out of play until an appropriate healthcare professional certifies that he/she is symptom free and gives the OK for them to return to play? ☐ Yes ☐ No
- | | | |
|---|------------------------------|-----------------------------|
| d. Does the concussion protocol include a post-concussion progressive physical activity program before being allowed to return to full game play? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the concussion protocol provide for adjusted classroom activities during recovery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SEXUAL MISCONDUCT LIABILITY ☐ N/A

Please Check Desired Limits of Liability:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$300,000/\$300,000 | <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$500,000/\$500,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |

1. Current coverage written on ☐ Occurrence form ☐ Claims made
If on Claims Made currently, please advise retro date _____
2. Has your organization ever had an incident involving abuse (physical or sexual)? ☐ Yes ☐ No
If Yes, please provide details: _____
Was a suit filed? ☐ Yes ☐ No
How much money was paid as damages to victim? _____
3. Are you aware of any situation which may present a claim in the future? ☐ Yes ☐ No
If Yes, please provide details: _____

POLICIES/PROCEDURES

1. Do your employment applications for both staff and volunteers include questions pertaining to prior convictions for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No
2. Do you have a written policy(s) designed to prevent abuse, molestation, and sexual harassment? ☐ Yes ☐ No
- a. Are these policies and guidelines communicated to all employees and volunteers? ☐ Yes ☐ No
- b. Is documentation of the communication of your policies prohibiting abuse maintained? ☐ Yes ☐ No
- c. Do they contain guidelines for reporting suspected abuse or neglect of children? ☐ Yes ☐ No
- d. Are criminal background checks performed on all youth staff/volunteer positions? ☐ Yes ☐ No
3. Do you discuss the following items at your staff/volunteer meetings:
- a. Child/sexual abuse? ☐ Yes ☐ No
- b. How to recognize the signs? ☐ Yes ☐ No
- c. What to do if a member/child reports someone molested him/her? ☐ Yes ☐ No
4. Please indicate all additional administrative practices you have implemented to prevent abuse situations:
- ☐ We limit our staff from being alone with any child (requiring more than one adult at all times)
- ☐ All staff and volunteers are required to sign an acknowledgement of receipt and understanding of our abuse policy
- ☐ Our sexual abuse policy contains the required reporting and investigation procedures for employees and volunteers

FUNDRAISING AND BOOSTER CLUBS ☐ N/A**Please indicate if your organization has the following operations:**

- Concession stand sales: ☐ Yes ☐ No
- If Yes, please answer below questions.
1. Annual receipts from your concession sales? \$ _____
2. Does the facility have commercial cooking equipment? ☐ Yes ☐ No
- If Yes, please advise type of equipment protected by:
- Number of deep fat fryers: _____
- Number of fire extinguishers: _____
- ☐ Hood and ducts protected by an automatic fire extinguishing system
- ☐ Deep fat fryers protected by the automatic fire extinguishing system
- ☐ The system is UL300 approved
- ☐ The hood and ducts are cleaned and serviced by outside contractor
- If Yes, name of company: _____ and how often: _____
3. Do you serve alcoholic beverages at any of your events? ☐ Yes ☐ No

Is there an organizational booster club?

☐ Yes ☐ No

If Yes, please answer below questions.

1. Is the booster club a separate legal entity?

☐ Yes ☐ No

If Yes, do they have their own separate insurance coverage?

☐ Yes ☐ No

2. Please provide details of their specific activities that they sponsor: _____

3. If raising funds, do they conduct separate events other than those listed above?

☐ Yes ☐ No

If Yes, please describe: _____

Annual receipts \$ _____

YOUTH CAMP OPERATIONS ☐ N/A

1. What is the ratio of coaches/instructors to campers? _____

2. Hour of operation of the camps: Opens: _____ a.m./p.m. Closes: _____ a.m./p.m.

3. Please provide the age range of participants: _____

4. Are children transported to various locations by employees?

☐ Yes ☐ No

5. Are there any overnight stays?

☐ Yes ☐ No

If Yes, please provide details: _____

SPORT	YOUTH OR ADULT PARTICIPANTS		TOTAL # PARTICIPANTS	# OF DAYS PARTICIPANTS ATTEND	TOTAL CAMP/CLINIC DAYS
Aerobics	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Baseball	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Basketball	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Cheerleading	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Cross Country	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Dance	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Field Hockey	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Football (Contact)	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Football (Non-contact)	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Golf	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Gymnastics	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Lacrosse	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Racquetball	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Soccer	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Softball	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Squash	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Swimming	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Tennis	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Track & Field	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Rugby	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Volleyball	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Other—Describe	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Other—Describe	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#
Other—	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult	#	#	#

LEAGUE EXPOSURE INFORMATION

Please provide the estimated annual number of participants by each activity:

TYPE OF SPORT	YOUTH # ANNUAL PARTICIPANTS	ADULTS # ANNUAL PARTICIPANTS	TYPE OF SPORT	YOUTH # ANNUAL PARTICIPANTS	ADULTS # ANNUAL PARTICIPANTS
Aerobics	#	#	Judo	#	#
Academic	#	#	Karate	#	#
Archery	#	#	Lacrosse	#	#
Badminton	#	#	Martial Arts	#	#
Baseball	#	#	Polo	#	#
Basketball	#	#	Pom Pom	#	#
Baton Twirling	#	#	Racquetball	#	#
Cheerleading	#	#	Rifle/Skeet/Trap	#	#
Cricket	#	#	Rowing	#	#
Cross Country	#	#	Sailing	#	#
Dance	#	#	Skiing	#	#
Diving	#	#	Soccer	#	#
Drill Team	#	#	Softball	#	#
Fencing	#	#	Speed Skating	#	#
Field Hockey	#	#	Squash	#	#
Football (Contact)	#	#	Swimming	#	#
Football (Non-contact)	#	#	Tennis	#	#
Golf	#	#	Track & Field	#	#
Gymnastics	#	#	Ultimate Frisbee	#	#
Handball	#	#	Rugby	#	#
Ice Hockey	#	#	Skateboarding	#	#
Ice Skating	#	#	Volleyball	#	#
Inline Hockey	#	#	Other – Describe	#	#

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
 - a. Do your procedures address:
 - i. Staffing ☐ Yes ☐ No
 - ii. Training ☐ Yes ☐ No
 - iii. Personal protective equipment ☐ Yes ☐ No
 - iv. Client care ☐ Yes ☐ No
 - v. Vendors/visitors ☐ Yes ☐ No
 - vi. Internal & external communication ☐ Yes ☐ No
 - vii. Maintenance of premises and vehicles ☐ Yes ☐ No
 - viii. CDC guidelines and recommendations ☐ Yes ☐ No
 - b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
 - a. If yes, please provide details. _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____ Title or position: _____

Signature of Authorized Entity Representative

_____ Date _____

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The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—<https://tap.hanover.com>

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