

## VENUE FACILITY APPLICATION

### I. GENERAL INFORMATION

Policy Dates: from \_\_\_\_\_ to \_\_\_\_\_

First Named Insured: \_\_\_\_\_ FEIN: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_  Owned  Leased  Managed

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ (if new, provide copy of business plan)

**Contact Information:**

Insurance Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

General Manager: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Qualifications/Experience of Manager: \_\_\_\_\_

**Schedule of Named Insureds:**

(please include all entities in which the First Named Insured holds at least 50% ownership):

Name	Description	Percentage Ownership	FEIN (if different)

Please attach a schedule of additional names as needed.

### II. FACILITY USE INFORMATION

Facility Capacity: \_\_\_\_\_

Estimated Annual Admissions: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Please provide a breakdown for the following concession receipts:

a. Food and Drink: \_\_\_\_\_

b. Liquor: \_\_\_\_\_

c. Merchandise: \_\_\_\_\_

Who is responsible for the following? (Check one)

	<b><u>Facility/Insured</u></b>	<b><u>Third Party</u></b>	<b><u>(Describe Third Party)</u></b>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concession/Food Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor Sales*	<input type="checkbox"/>	<input type="checkbox"/>	_____
Merchandise Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	_____
Media Contract (TV/Radio)	<input type="checkbox"/>	<input type="checkbox"/>	_____

**\*If facility operated, complete a Liquor Liability Questionnaire**

Do you hold self-promoted events  Yes  No  
If yes, please describe: \_\_\_\_\_

Is there a risk management manual in place  Yes  No  
**If yes, please submit copy of manual.**

Are safety audits conducted?  Yes  No

If yes, by whom? \_\_\_\_\_

Internal? \_\_\_\_\_

External? \_\_\_\_\_

Do you have an Emergency Response Plan?  Yes  No  
**If yes, please submit copy of plan.**

Do you have a schedule of events? **(submit sample of monthly calendar)**  Yes  No

**III. CONTRACTS/RENTAL AGREEMENTS/WAIVERS**

Third Party (vendor) Service Providers:

For all services provided by a Third Party, are the appropriate contracts and or lease agreements maintained?  Yes  No

Are certificates of insurance naming the facility as Additional Insured obtained for all services provided by a Third Party?  Yes  No

**IV. EMPLOYEE INFORMATION**

Number of Staff: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Total: \_\_\_\_\_

Number of Sub-Contractors: \_\_\_\_\_

Do you require all applicants to complete an application for employment in full including signatures and application date?  Yes  No

Does your employment application include questions regarding prior criminal convictions?  Yes  No

Do you advise every applicant that criminal background checks will be performed?  Yes  No

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

Is there a written training manual or training program in place?  Yes  No

Any employees under 16 or over 60 years of age?  Yes  No

Do you offer Employee Health Plans?  Yes  No

If yes, are all employees eligible for benefits provided?  Yes  No

Do you offer modified or light return to work duty for injured employees?  Yes  No

Are group health plans provided?  Yes  No % participation: \_\_\_\_\_

Is paid sick leave provided?  Yes  No % participation: \_\_\_\_\_

Is paid vacation time provided?  Yes  No % participation: \_\_\_\_\_

Do you offer a retirement or pension plan?  Yes  No % participation: \_\_\_\_\_

If yes, provide plan name: \_\_\_\_\_

## V. BUILDING AND OPERATIONS INFORMATION

Building (if more than one location, complete this section for each building):

Year built: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Construction type:

Walls:  Wood Frame  Brick/Brick  Steel Frame  Other \_\_\_\_\_

Roof:  Wood Frame  Poured Concrete  Steel Frame  Other \_\_\_\_\_

Floor:  Wood Frame  Concrete  Other \_\_\_\_\_

Last updated: Heating: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_ Roof: \_\_\_\_\_

Do you have solar panels? (if yes, complete Solar Panel Questionnaire)  Yes  No

Premises Fire Protection:

Is the building sprinklered?  Yes  No

If applicable, are all grills and deep fat 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?  Yes  No

If vendor is used, do you have a cleaning contract in place?  Yes  No

Describe firefighting and/or prevention equipment, features, numbers and locations, (i.e. extinguishers, hydrants, sprinklers, ect.)

Please answer the following questions regarding the below-named areas of the facility:

<b>Area</b>	<b>Meets Local/County/State Safety Codes</b>	<b>Non-Skid Surface</b>	<b>Well-Illuminated</b>
All Ramps	<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
Concessions	<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
Walkways & Aisles	<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
Restrooms	<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
Locker Rooms	<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
Stairs & Stairwells	<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

Does the facility have escalators?  Yes  No

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 even activities?  Yes  No

Are all the entrances egress areas clearly marked?  Yes  No

- Are restrooms monitored?  Yes  No
- Are coolers, thermoses, bottles or cans permitted on premises during events?  Yes  No
- Are banners, flags or pompoms permitted in the facility during events?  Yes  No
- Are crew prepared and on-duty to clean up spills?  Yes  No

**Seating:**

- Does your facility provide spectator seating?  Yes  No
- If yes, is the seating:  Permanent  Temporary / Portable
- What is the type / construction: \_\_\_\_\_ Age: \_\_\_\_\_
- Is spectator seating to code?  Yes  No

**Security:**

- Name of person in charge of security: \_\_\_\_\_
- How long has this person held security position? \_\_\_\_\_
- How many security personnel are utilized on event day? \_\_\_\_\_
- Are uniformed officers present?  Yes  No
- Are security personnel armed?  Yes  No
- Are security personnel present at the alcohol distribution sites?  Yes  No
- Are patrons screened at venue entry?  Yes  No
- If yes, how?  Bag Checks  Wanding  Metal Detector  Other: \_\_\_\_\_
- Are patrons screened for all events?  Yes  No
- If no, please explain: \_\_\_\_\_
- What precautions are taken to prevent spectators from entering restricted areas?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submit copies of all printed instruction and training manual for security personnel.**

- Are video surveillance cameras present?  Yes  No
- If yes, how many? Interior: \_\_\_\_\_ Exterior: \_\_\_\_\_
- How long is video footage retained? \_\_\_\_\_
- Does video record on a continuous loop?  Yes  No

**Air Quality:**

- Does the facility have an adequate ventilation system?  Yes  No
- Do you test air quality?  Yes  No
- If yes, how often? \_\_\_\_\_
- Does all equipment meet EPA emissions standards?  Yes  No
- Do you have a written policy in place in the event emissions exceed permissible levels?  Yes  No

**Parking:**

- Do you have parking facilities available?  Yes  No
- If yes, who is responsible for repairs / maintenance: \_\_\_\_\_
- How often is parking lot inspected: \_\_\_\_\_
- Who is responsible for snow / ice removal: \_\_\_\_\_
- Is a log kept for snow removal, sanding / salting?  Yes  No
- Do parking facilities have sufficient lighting?  Yes  No
- Are parking areas patrolled:  before event  during event  after event
- Do you offer valet parking?  Yes  No
- Is shuttle service provided?  Yes  No
- Are tailgate parties permitted?  Yes  No
- If yes, please describe specific security (Please attach additional page if more spacing is required)  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency Medical and Evacuation:

- Do you have Emergency Evacuation Plans for the facility? (submit sample)  Yes  No
- Are they in written form?  Yes  No
- Are they posted for employees?  Yes  No
- Are employees trained to implement these plans?  Yes  No
- Do you have an Emergency Medical Procedure in place?  Yes  No
- Is it in written form?  Yes  No
- Is it posted for employees?  Yes  No
- Are staff trained in First Aid / CPR?  Yes  No
- If yes, how many? \_\_\_\_\_
- Do you have an automated external defibrillator (AED)?  Yes  No
- Number of staff present during operational hours that are certified in:  
CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_ AED: \_\_\_\_\_
- Do you have a first aid kit?  Yes  No
- What is the response time(s) for:  
Fire Station: \_\_\_\_\_ Distance from facility: \_\_\_\_\_  
Police: \_\_\_\_\_ Distance from facility: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Distance from facility: \_\_\_\_\_

TV/Media:

Describe equipment used and safety precautions taken -i.e. placement of wired power equipment secured, placement of tripod cameras, etc)

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- Does the insured presently carry insurance of this type?  Yes  No
- If yes, company name: \_\_\_\_\_
- Has any insurance carrier cancelled or refused coverage?  Yes  No
- If yes, please explain: \_\_\_\_\_

**VI. BUSINESS AUTO EXPOSURE**

- Do you have a Business Auto Policy for owned autos?  Yes  No
- If you purchase coverage for owned vehicles through another company, we cannot offer non-owned or hired auto coverage. Please add it to your existing Commercial Auto policy.

Non-Ownership Liability Information:

- Do employees or volunteers use their autos for company business?  Yes  No
- If so, please provide use details: \_\_\_\_\_

- For any employee, who uses their auto for business, is personal auto insurance carried with at least the minimum limits as required by state?  Yes  No
- Do you verify that personal auto insurance is in place?  Yes  No
- Do you obtain motor vehicle reports?  Yes  No
- If either of the above answers are "No", do you agree to do so going forward?  Yes  No

Hired Auto Liability Information:

- During the last years have you leased, borrowed or hired any vehicles for your business?  Yes  No
- If you anticipate some usage this year:  
What type of vehicle (Trucks, Cars, Buses)? \_\_\_\_\_  
How many times per year? \_\_\_\_\_  
What is the estimated annual cost to hire/lease all vehicles? \_\_\_\_\_
- If vehicles are hired for more than 30 days, vehicles should be scheduled on an auto policy.

When leasing, hiring or borrowing are the vehicles used to:

Transport players/athletes/members?

Yes  No

If yes, do you use a hired transportation company that supplies a driver?

Yes  No

If yes, do you obtain additional insured status from the bus company?

Yes  No

If no, **complete a Transportation Questionnaire.**

Haul equipment?

Yes  No

If yes, please explain and identify frequency and distance traveled per trip: \_\_\_\_\_

Do you purchase liability insurance from the leasing company?

Yes  No

Does the leasing company require you to provide primary insurance and to add them as additional insureds?

Yes  No

**List of drivers** (Please provide the following information for each driver who might drive for company business (ie: Errands or Travel)

Name	Birth Date	Driver's License Number	State Licensed

Please attach separate sheets for additional drivers

**Hired Auto Physical Damage Information:**

What types of vehicles have you leased, or do you intend to lease (Make/Model/Size/Value)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the maximum number of vehicles leased at one time? \_\_\_\_\_

Please provide the garage location of the vehicles (City and State): \_\_\_\_\_

Requested Comprehensive Deductible: \_\_\_\_\_

Requested Collision Deductible: \_\_\_\_\_

**VII. ABUSE/MOLESTATION**

Coverage Desired (complete this section)

No Coverage Desired (skip this section)

Identify staff status (check all that apply):  Employees

Volunteers

Parent-volunteers

Are all staff members 18 years or older?

Yes  No

Identify current hiring practices for paid and volunteer staff:

When conducting background checks for criminal records, are they done:

a. Based on state working/residing in?

Yes  No

b. For each new employee?

Yes  No

c. For each new volunteer?

Yes  No

d. Every three years on existing employees/volunteers

Yes  No

What vendor is being used for background checks: \_\_\_\_\_

Is a national background check conducted?

Yes  No

Do any independent contractors have access to clients or children in a closed door setting or

Perform operations where they will be in contact with clients or children?

Yes  No

If so, are independent contractors required to complete certifications that include background checks?

Yes  No

If yes, indicate which certifications:  ISI  USFS  Other: \_\_\_\_\_

Do you discuss the importance of providing a safe environment for the children in your care?

Yes  No

- Does your new employee orientation include how to recognize the signs of an abused child?  Yes  No
- Do you have written procedures to follow if a child, member or employee reports an incident of sexual or physical abuse or molestation? If yes, **submit a copy.**  Yes  No
- Are copies of the procedures provided to each member of your staff?  Yes  No
- Do you have periodic refresher courses to ensure that your entire staff can recognize the sign of sexual or physical abuse and know what procedures to follow?  Yes  No
- Do you periodically review your written procedures to verify that they are up to date?  Yes  No
- Have you ever had an incident which resulted in allegation of sexual abuse at your facility?  Yes  No
- Has a claim ever been made against your facility?  Yes  No
- If so, please explain in detail, including the amount of damages paid to the victim:

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What has been done to prevent such occurrences from happening in the future?

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## VIII. REQUESTED ADDITIONAL ITEMS

- Financial Information – Income Statement from prior tax return or most recent year-end balance sheet and income statement and most recent interim balance sheet and income statement
- Additional Questionnaires as applicable: Liquor Liability; Solar Panel, etc.
- Complete / Signed ACORD applications (or equivalent)
- Currently valued loss runs from prior carriers.

## FRAUD STATEMENTS

**General Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Applicable in AL, AR, 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 CA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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 commits a fraudulent insurance act.

**Applicable in KY, 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.

**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.

**Applicable in NY:** Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable in NY:** Applicable to all applications and claim forms for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

#### **APPLICANT SIGNATURE:**

**I hereby declare that the foregoing information is true, and I have not concealed or misrepresented any material fact(s), and I agree that this application shall be the basis for the insurance for which I am applying.**

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_