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NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES INFORMATION FORM

APPLICANT INFORMATION:

- Name of Insured (as will appear on policy): _____
- Doing Business As: _____
 If there is more than one Named Insured, please provide a list of names including each entity's business operations and relationship to the first named insured including their percentage of ownership.
- Insured is: Corporation Partnership Joint Venture LLC Other (explain): _____
- Mailing Address: _____
 City: _____ State: _____ Zip: _____
- E-mail Address: _____ Website: _____
- Contact Person: _____ Title: _____
- Phone: _____ Fax: _____
- Tax ID: _____

AGENT INFORMATION: (if applicable)

- Name of Agency/Brokerage: _____
- Contact Person: _____ Title: _____
- Mailing Address: _____
 City: _____ State: _____ Zip: _____
- E-mail Address: _____ Website: _____
- Phone: _____ Fax: _____

UNDERWRITING INFORMATION:

- Policy Period Requested: From _____ To _____
- Check the type of coverage desired: GL EBL (# of employees _____) Liquor Fireworks Auto IM
 Sexual Abuse & Molestation Property Crime Excess D&O WC Other: _____
- Do you engage in any other business operations under the name of the insured as will appear on the policy? Yes No
 If yes, provide explanation including whether or not other insurance coverage applies including carrier and policy number: _____

- Has this insurance ever been cancelled, declined, or non-renewed? Yes No
 If yes, please explain: _____

- Does your current general liability policy have a deductible or self insured retention? Yes No
 If yes, amount: _____
- Additional Insureds: (Please list as they will appear on the policy. If additional space is needed, please attach a list to this form).

Name	Address	Relationship to you	Certificate required
_____	_____	_____	<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
- Stadium Name: _____
- Stadium Address: _____
 City: _____ State: _____ Zip: _____
- Do you own or lease the facility? Own Lease

10. Stadium Seating Capacity: _____
11. Are you affiliated with a Major League Baseball Team Yes No
 If yes, which team? _____
12. Does your stadium meet the 2015 netting recommendations as proposed by MLB? Yes No
 If not, are there plans to make changes in the future? Yes Not yet determined or scheduled
 If yes, estimated completion date: _____
13. Number of years in business: _____ Number of years management experience: _____
14. Estimated annual turnstile attendance: _____
 Turnstile attendance for the last three years: Year 1 _____ Year 2 _____ Year 3 _____
15. Non-Game Day event attendance for self promoted events: _____
 Type of Events: _____
16. Non-Game Day event attendance for events promoted and insured by others: _____
 Type of Events: _____
 Do you receive a certificate naming you as additional insured with limits of at least \$1,000,000? Yes No
17. Do you have Rap and/or Hip Hop Concerts? Yes No
 If yes, please provide details: _____

18. Do you operate seasonal haunted houses? Yes No
 If so, please verify fire safety codes are met and that fire marshal certification is obtained, if applicable Yes No
19. Do you 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 is the attraction supervised and whether or not participants/parents/guardians sign waivers: _____

20. Please list and describe your typical patron on-field/between innings interactive activities: _____
 Do participants (or parents/guardians) sign waivers? Yes No
21. Do you have hot tubs available for stadium guests? Yes No
 If Yes, please 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
22. Are you responsible for annual stadium operations Yes No

23. 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="checkbox"/> Yes <input type="checkbox"/> No
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concession Sales (<i>excluding alcohol</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol sales	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/Medical	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are responsible for security, who provides:

City/County/State

Private Agency

If private agency, do they provide a certificate of insurance naming you as an additional insured with limits of at least \$1,000,000?

Yes No

Are you held harmless & indemnified by contract?

Yes No

Team Staff

If your staff, are they armed?

Yes No

If yes, please attach training procedures.

24. Is there an emergency evacuation plan established for this facility?

Yes No

25. Please describe your medical response procedures and staff: _____

LIQUOR LIABILITY:

1. Does your organization sell or serve alcoholic beverages?

Yes No

Type of alcoholic beverages sold: _____

2. Annual gross alcohol sales: _____

3. Annual gross food sales: _____

4. Has applicants' alcohol beverage license ever been revoked, suspended or fined?

Yes No

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

Yes No

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

Yes No

If you responded "Yes" to any of the three previous questions, please explain: _____

5. Are patrons allowed to carry alcoholic beverages onto your premises?

Yes No

If yes, please explain: _____

6. Name the formal alcohol awareness training program that the servers receive (e.g. TIPS, TAMs, TABC): _____

7. Do you stop alcohol sales at the bottom of the seventh inning? Yes No

8. Does another entity sell or serve alcoholic beverages on your behalf? Yes No

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

Yes No

To provide contingent liquor liability coverage, we will require a copy of this certificate.

Are you held harmless & indemnified by contract?

Yes No

FIREWORKS LIABILITY:

1. Do you contract with a fireworks company to provide shows as part of your operations? Yes No

Does this entity provide you with a certificate of insurance naming you as additional insured with limits of at least \$1,000,000?

Yes No

To provide contingent fireworks liability coverage, we will require a copy of this certificate.

2. Are you held harmless & indemnified by contract? Yes No

3. If this operation is not subcontracted, do your employees conduct fireworks shoots? Yes No

If yes, what are their qualifications? _____

4. Describe fire fighting protocol: _____

CAMPS/CLINICS:

1. Do you operate youth camps and/or clinics? Yes No
Average number of campers per day: _____
Number of days per week: _____
Number of weeks per year: _____
2. Do you have any overnight camps? Yes No
Average number of campers per day: _____
Number of days per week: _____
Number of weeks per year: _____
4. Do you discuss child/sexual abuse during camp/clinic staff orientation, including how to recognize the signs and how to handle allegations? Yes No
5. Does your staff (paid & 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
6. Does your state permit you to do criminal background investigations on staff members? Yes No
If yes, do you request and receive such background investigations on all staff members? Yes No
If yes, who provides this service? _____
7. Have you ever had an incident which resulted in an allegation of sexual abuse at your facility? Yes No
If yes, please provide details: _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR SUBMISSION:

- Copies of contracts with respects to stadium lease and other contracts where you assume liability of another party.
- Five years currently valued loss runs.
- Copies of certificates of insurance naming you as additional insured from fireworks shooter, amusement ride operator, liquor concessionaire, where applicable
- Copies of waiver/release forms.
- Accord applications if you would like quotes for Property, Inland Marine, Crime, Auto, Excess or Worker's Compensation.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)