



16501 Ventura Blvd.
 Suite 200
 Encino, CA 91436
 LIC #0677191
 www.nasinsurance.com

APPLICATION for: SPORTS AND RECREATION
 Underwritten by Underwriters at Lloyd's, London

Notice: The Policy for which this Application is made, subject to its terms, applies only to any Claim (as applicable in the Coverage Section for which Application is made) made against any of the Insureds during the Policy Period. The Limit of Liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as Costs, Charges and Expenses (as defined in the Coverage Section for which Application is made), and Costs, Charges and Expenses shall be applied to the retentions. Submission of this Application does not guarantee coverage.

General Instructions for completing this Application:

1. The Application must be signed by an executive officer.
2. This Application and all exhibits shall be used for purposes of this coverage only.
3. The terms as used herein shall have the meanings as defined in the Policy.

SECTION I. GENERAL INFORMATION

1. Contact Person: _____ Contact Person Title: _____
 Phone No.: _____ Fax No.: _____
 Email: _____

2. Name of proposed Insured ("Applicant"): _____
 Address: _____
 City, State, Zip: _____
 Website: _____

SECTION II. REQUESTED INSURANCE LIMITS

1. **GENERAL LIABILITY**

GENERAL AGGREGATE: \$ _____
 PER OCCURRENCE: \$ _____
 PERSONAL/ADVERTISING \$ _____
 PRODUCTS/OPERATIONS \$ _____
 FIRE DAMAGE: \$ _____
 MEDICAL EXPENSE \$ _____

2. **EXCESS:**

AGGREGATE LIMIT: \$ _____
 EACH OCCURRENCE LIMIT: \$ _____

3. **ACCIDENTAL MEDICAL COVERAGE (REQUIRED IN ORDER TO PLACE PARTICIPANT LIABILITY COVERAGE)**

IF YOUR ORGANIZATION DOES NOT HAVE AN UNDERLYING ACCIDENT MEDICAL POLICY, YOU WILL NEED TO PURCHASE AND SHOW PROOF TO RECEIVE PARTICIPANT LIABILITY COVERAGE.

SECTION III. DESCRIPTION OF RISK

1. Location Name: _____

Address: _____

City, State, Zip: _____

2. Name of League, Team and/or Event: _____

3. Description of Sport, Schedule or Event (if more than one event, complete schedule of events section): _____

4. Effective dates desired: _____ TO _____

5. Day or Overnight Events, please describe: _____

6. **Attendance & Participants:**

Participant Breakdown (#):

Staff & Volunteers: _____ (total)

12 & under: _____

Participants/Athletics: _____ (total)

Age 13-15: _____

Spectators: _____ (total)

Age 16-18: _____

Scheduled Event Days: _____ (total)

Adults: _____

7. Does your organization utilize a 'Waiver of Liability'? Yes No
If "Yes", please attach to Application.

8. Does your organization have an underlying participant accident medical policy with at least \$10,000 benefit amount? Yes No

9. Previous insurance carrier: _____ Premium: \$ _____

10. Have you had any losses or claims? Yes No
If "Yes", please explain: _____

If available, please provide three (3) years loss runs. If not available, please explain: _____

11. Is security provided? Yes No

Security provided by whom? _____

Number of security people on duty at one time? _____

12. Number of Medical Personnel: Paramedic: _____ EMT/EMS: _____ Nurse: _____ Other: _____

13. Are events in compliance with city, state & county safety and fire codes? Yes No

14. Is there an emergency evacuation plan at events? Yes No
Please explain: _____

15. Is live music or entertainment provided? Yes No

Please list band and performer names, if applicable: _____

16. Events primarily indoor or outdoor, please explain: _____
17. Type of seating at the event and who is providing. Please explain: _____

18. Are there any stages? Yes No
If "Yes", are they permanent or temporary? _____ Is a Certificate of Insurance provided by provider? Yes No
19. Are there any tents? Yes No
If "Yes", who is responsible for the setup? _____
A Certificate of Insurance **MUST BE** provided by provider.
20. Is there any temporary lighting? Yes No
If "Yes", who is responsible for the setup? _____
A Certificate of Insurance **MUST BE** provided by provider.
21. Estimated Gross Receipts: \$ _____
Admission Charge: \$ _____
Estimated Budget: \$ _____
Estimated Expenses: \$ _____
22. Additional Insured Information (usually the facility):
- #1) Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____
- #2) Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____
- #3) Name: _____
Address: _____
City, State, Zip: _____
Phone No.: _____ Fax No.: _____
23. Is alcohol being **served** or **sold**? Yes No
If "Yes", by whom? _____
Company writing the Liquor Liability insurance: _____
24. a) Who is providing food and beverages, if any? _____
b) Can food and beverages vendor provide Certificate of Insurance? Yes No
25. Are there going to be vendors or trade booths? Yes No
a) Number of vendors or booths at each show: _____
b) Types of products and services provided by vendors: _____
c) Are the vendors/trade booths required to provide Certificate of Insurance naming the organizer as an Additional Insured? Yes No

SECTION IV. CONCESSIONAIRES, EXHIBITORS & VENDORS

1. Number of event days: _____
2. Event Locations: _____

3. Facility or location of event:
Name: _____
Address: _____
City, State, Zip: _____
4. Describe the type of products being sold or service being provided: _____

5. Select one of the following that best describes your business operations:
 - Food concessionaire or vendor..... No. of food-selling locations or trailers: _____ (unit)
 - Micro reality race tracks..... No. of micro reality race tracks: _____ (unit)
 - Trailer - non-food, games or merchandise..... No. of trailers: _____ (unit)
 - Push carts or kiosks..... No. of push carts/kiosks: _____ (unit)
 - Home-based wedding vendor (**this type of operation..... Service being provided: _____ is available only for a single event coverage period**)
 - Performing group (**this type of operation is available..... Type of performing group: _____ only for a single event coverage period**) Style of music: _____
 - Tent or outdoor vending area..... Provide square footage: _____
 - Tradeshow exhibit or booth..... Provide square footage: _____
6. If applying for single event coverage (one month or less), please provide the following information:
Name of event: _____
Hours of event: _____ A.M./P.M. to _____ A.M./P.M.
Date(s) of event (including set-up/tear-down): _____ / _____ / _____ to _____ / _____ / _____
Location of event (Venue name):: _____
Street address: _____ City: _____ State: _____ Zip: _____

SECTION V. LIQUOR LIABILITY

1. Name on Liquor License: _____
2. Liquor License Number: _____ Class of License: _____
3. Type of facility or event where liquor will be sold: _____

4. Number of event days that coverage is required: _____
5. Opening and closing hours of event(s): _____
6. Opening and closing hours of liquor sales: _____

7. Has Applicant's liquor license ever been revoked or suspended? Yes No
If "Yes", please explain: _____
8. Has Applicant incurred claims for liquor liability during the last three (3) years? Yes No
If "Yes", please explain: _____
9. Has any insurer cancelled or non-renewed coverage during the last three (3) years? Yes No
If "Yes", please explain: _____
10. Has Applicant ever been fined by an alcoholic beverage control or other governmental regulator? Yes No
If "Yes", please explain: _____

11. Type of alcoholic beverages sold: _____
12. **Annual Gross Sales:**
Liquor Sales: \$ _____
Food Sales: \$ _____
Other: \$ _____
13. Are patrons allowed to carry alcoholic beverage onto the premises? Yes No
If "Yes", what type? _____
14. Do you exercise the right of search and seizure of contraband items? Yes No
If "Yes", how do you notify the public of this? _____
15. Do you maintain security personnel and are they trained to deal with liquor problems? Yes No
Please describe program: _____
16. Are the alcohol sales and consumption contained within one fixed site, or are booths/stands scattered throughout the event site?

17. Number of servers used? _____ Professionals: # _____ Volunteers: # _____
18. Do the servers receive any type of alcohol awareness training? Yes No
If "Yes", please explain (attach training manuals used): _____

19. Median age of customers: 18-25 25-30 30-40 40 and over
20. Explain how ID's are checked: _____
21. a) Are uniformed police officers present at the site of alcohol sales? Yes No
b) Is private security present? Yes No
How many? _____
c) Are undercover police officers present? Yes No
How many? _____
22. Are rules and regulations clearly displayed for patrons viewing? Yes No
Please explain: _____

23. Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
Please explain: _____
24. Is there any type of designated driving program? Yes No
Please explain: _____
25. a) Limits of Liability requested: _____
b) Any Excess Coverage required? Yes No
If "Yes", what amount: \$ _____
26. Comments, if any:

SECTION VI. HIRED / NON-OWNED AUTO

- Named Insured: _____
- Do you have a Business Auto Policy for owned autos? Yes No
If "Yes", can coverage be obtained under your Business Auto Policy? Yes No
If "No", please explain: _____

HIRED AUTO LIABILITY

1. During the last three (3) years have you leased, borrowed or hired any vehicles for your business? Yes No
2. If you anticipate some usage this year:
A. What type of vehicles (trucks, cars, buses)? _____
B. What is the estimated cost to lease or hire the vehicles? _____
3. When leasing, hiring or borrowing, are the vehicles used to:
A. Transport participants, volunteers or staff only? Yes No
If "Yes", how many? _____ For how long? _____
Number of times per year: _____ Distance traveled per trip? _____
B. Haul equipment: Yes No
If "Yes", please explain and identify frequency and distance traveled per trip: _____

4. If using buses or vans, please answer each of the following:
Maximum number of passengers each vehicle carries: _____ Distance traveled per trip? _____
How long will the vehicles be used? _____ Year built: _____ Cost new: _____
5. Does the leasing company provide drivers or do you use your own? _____
6. Do you purchase liability insurance from the leasing company? Yes No

7. Does the vehicle owner(s) require you to provide primary insurance and to add them as Additional Insureds? Yes No
 If "Yes", please explain: _____

8. What is the estimated annual cost to hire/lease all vehicles? _____
9. Do you hire vehicles for more than or less than thirty (30) days for any one time? More Less
 If more than thirty (30) days, vehicles should be scheduled.

NON-OWNERSHIP LIABILITY

1. Do employees or volunteers routinely use their autos for company business? Yes No
 If "Yes", please provide details regarding duties involved: explain: _____

2. Do you verify that insurance is in place with limits of at least \$300,000 before employees or volunteers can use their auto? Yes No
3. Do you run motor vehicle reports on each employee? Yes No
4. Please explain what other controls you have in place to protect your company's liability: _____

5. Number of Employees: _____ Number of Volunteers: _____

HIRED AUTO PHYSICAL DAMAGE

1. What types of vehicles have you leased or do you intend to lease (Make/Model/Size)? _____

2. What is the highest valued vehicle you have leased or intend to lease (Type/Value)? _____
3. Do drivers share in the loss exposure (i.e. driver pays half of the deductible)? Yes No
4. What is the maximum number of vehicles leased at one time? _____
5. Please provide the garage location of the vehicles (city and state): _____
6. Requested Comprehensive Deductible? \$ _____ Collision Deductible: \$ _____

LIST OF DRIVERS

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____
(Agent)

Applicant Signature: _____

Date: _____
(Month) (Day) (Year)

Name: _____
(Please Print)

Title: _____

Date: _____
(Month) (Day) (Year)



16501 Ventura Blvd.
Suite 200
Encino, CA 91436
LIC #0677191
www.nasinsurance.com

© 2012 NAS Insurance Services, Inc.
A1602ASR-0312

SCHEDULE OF EVENTS*
***Can be attached or included with submission**

1. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
2. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
3. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
4. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
5. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
6. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
7. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total
8. Name of Event: _____
Description of Event: _____
Dates of Event: _____
Hours: From: _____ To: _____ Attendance: _____ per day / _____ total