



- 9) Are there any non-sport activities? Yes No
 If yes, please describe: _____
- 10) Do you host any banquets? Yes No
 If yes, please explain: _____

Medical Assistance

- 1) Is there an accident/medical policy for participants/members? Yes No
- 2) Are first aid kits available? Yes No
- 3) Is any of your staff certified in: CPR First Aid
- 4) Other medical help: _____
 Location _____ Distance _____
- 5) Do you have a written crisis management plan? Yes No
- 6) Do you have a written medical emergency plan? Yes No

Sexual Abuse – (If located in Illinois and Michigan: this section MUST be completed. If located in any other state: complete ONLY if you desire coverage)

- 1) Does the applicant perform a criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers? Yes No
 If yes, how often? _____
- 2) Does the applicant verify employment/volunteer related references? Yes No
 If yes, how and how often? _____
- 3) Does the applicant conduct personal interviews? Yes No
- 4) Does the applicant discuss the following items at orientation?
- a. Abuse and Molestation Yes No
 - b. How to recognize the signs of abuse? Yes No
 - c. What to do if an individual reports someone molested him/her? Yes No
- 5) Does the applicant have knowledge of any incident which could give rise to, or result in, an allegation of sexual abuse? Yes No
 If yes, please explain: _____
- 6) Has there ever been an allegation of sexual abuse made against the insured? Yes No
 If yes, please explain: _____

COMPLETE the Section that is appropriate. Check the N/A box if it doesn't describe your entity.

For LEAGUES: N/A

- 1) Number of teams: _____
- 2) Total number of games played per season: _____
 (include playoffs, championships, and tournaments)
- 3) Does the league provide umpires, referees, or other officials? Yes No
 If yes, please explain: _____



4) Does the league provide training for officials, team managers, or coaches? Yes No

If yes, please explain: _____

5) Youth Leagues:

a. Are there written procedures in place for the prevention of abuse & molestation? Yes No

b. Have there ever been any allegations of sexual abuse, misconduct or molestation? Yes No

If yes, please explain: _____

For CLUBS: N/A

1) Number of members: _____

2) Are non-members allowed to participate? Yes No

3) Number of events/games/races per year: _____

4) Does the club provide any officials? Yes No

If yes, please explain: _____

5) Are there any other activities the club hosts or promotes, other than the primary sport? Yes No

If yes, please explain fully: _____

6) Do members volunteer time to work for the club? Yes No

If yes, please explain: _____

For TOURNAMENTS: N/A

1) Number of teams participating: _____

2) Total number of games: _____

3) Approximate number of participants: _____

4) Approximate number of spectators: _____

For RACES: N/A

1) Approximate number of participants: _____

2) Approximate number of spectators: _____

3) Who will control road traffic to keep racers safe? _____

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.	
_____	_____
Applicant's Signature	Date
_____	_____
Agent's Signature	Date