K&K INSURANCE
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CA# 0334819

NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES INFORMATION FORM

APPLICANT INFORMATION:

1. Name of Insured *(as will appear on policy):*_____
2. 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.
3. Insured is: ❑ Corporation ❑ Partnership ❑ Joint Venture ❑ LLC ❑ Other *(explain):*_____
4. Mailing Address:_____
   City:_____ State:_____ Zip:_____
5. E-mail Address:_____ Website:_____
6. Contact Person:_____ Title:_____
7. Phone:_____ Fax:_____
8. Tax ID:_____

AGENT INFORMATION: (if applicable)

1. Name of Agency/Brokerage:_____
2. Contact Person:_____ Title:_____
3. Mailing Address:_____
   City:_____ State:_____ Zip:_____
4. E-mail Address:_____ Website:_____
5. Phone:_____ Fax:_____

UNDERWRITING INFORMATION:

1. Policy Period Requested: From_____ To_____
2. Check the type of coverage desired: ❑ GL ❑ EBL (*# of employees*_____) ❑ Liquor ❑ Fireworks ❑ Auto ❑ IM
   ❑ Sexual Abuse & Molestation ❑ Property ❑ Crime ❑ Excess ❑ D&O ❑ WC ❑ Other:_____
3. 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:_____
4. Has this insurance ever been cancelled, declined, or non-renewed? ❑ Yes ❑ No
   If yes, please explain:_____
5. Does your current general liability policy have a deductible or self insured retention? ❑ Yes ❑ No
   If yes, amount:_____
6. 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
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

7. Stadium Name:_____
8. Stadium Address:_____
   City:_____ State:_____ Zip:_____
9. 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	❑	❑	_____	❑ Yes ❑ No
Ticket Sales	❑	❑	_____	❑ Yes ❑ No
Security	❑	❑	_____	❑ Yes ❑ No
Maintenance	❑	❑	_____	❑ Yes ❑ No
Concession Sales *(excluding alcohol)*	❑	❑	_____	❑ Yes ❑ No
Alcohol sales	❑	❑	_____	❑ Yes ❑ No
First Aid/Medical	❑	❑	_____	❑ Yes ❑ 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)

MANDATORY SIGNATURE SUPPLEMENT

THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:

Applicant name:_____

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

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.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

NOTICE TO NEW YORK APPLICANTS: 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.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE (if applicable)
PRINT NAME	PRINT NAME
DATE (MM/DD/YY)	DATE (MM/DD/YY)