

**DHC Insurance, LLC.**  
**Sports and Recreation Facility**  
**Request for Quotation**

Please complete the following application. Once the application is received, a quotation will be issued within one business day. As sports and recreation activities vary, some questions may not be applicable. Please indicate N/A (Not Applicable) where necessary.

**GENERAL INFORMATION**

1. Organization Name: \_\_\_\_\_  
Legal Name: \_\_\_\_\_

Coverage Term Requested \_\_\_\_\_ through \_\_\_\_\_

2. Facility Address: \_\_\_\_\_  
(Street) (City, State, Zip)

3. Contact Person: \_\_\_\_\_

4. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

5. Web Address: \_\_\_\_\_

6. Person Responsible for General Operation of Activities: \_\_\_\_\_

Years of Experience and Type of Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How do you wish to receive your quotation?  Via Fax (\_\_\_\_\_) \_\_\_\_\_  
 Via E-mail \_\_\_\_\_  
 Via Mail

**INSURANCE INFORMATION**

8. Current Policy Expiration Date: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Current Expiring Premium: \_\_\_\_\_

9. Has any insurer ever canceled or refused coverage?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please mark the boxes for those sports or recreational activities that apply.

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Aerobics         | <input type="checkbox"/> Badminton     | <input type="checkbox"/> Baseball             | <input type="checkbox"/> Basketball        |
| <input type="checkbox"/> Boxing           | <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Field Hockey      |
| <input type="checkbox"/> Flag Football    | <input type="checkbox"/> Floor Hockey  | <input type="checkbox"/> Golf                 | <input type="checkbox"/> Ice Hockey        |
| <input type="checkbox"/> Lacrosse         | <input type="checkbox"/> Martial Arts  | <input type="checkbox"/> Roller Hockey        | <input type="checkbox"/> Rugby             |
| <input type="checkbox"/> Soccer           | <input type="checkbox"/> Softball      | <input type="checkbox"/> Swimming             | <input type="checkbox"/> T-Ball            |
| <input type="checkbox"/> Tackle Football  | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track                | <input type="checkbox"/> Volleyball        |
| <input type="checkbox"/> Weightlifting    | <input type="checkbox"/> Wrestling     | <input type="checkbox"/> Ultimate Frisbee     |  |
| <br>                                      |  |   |  |
| <input type="checkbox"/> Airsoft          | <input type="checkbox"/> Batting Cages | <input type="checkbox"/> Bowling Lanes        | <input type="checkbox"/> Exercise Machines |
| <input type="checkbox"/> Firearm Shooting | <input type="checkbox"/> Go Karts      | <input type="checkbox"/> Laser Tag            | <input type="checkbox"/> Miniature Golf    |
| <input type="checkbox"/> Motocross        | <input type="checkbox"/> Paintball     | <input type="checkbox"/> Skateboard Ramps     |  |
| <br>                                      |  |   |  |
| <input type="checkbox"/> Other _____      |  |   |  |

**INSURANCE LIMITS REQUESTED (Leave Blank for Minimum Limits)**

11. Commercial General Liability
- |                                |          |
|--------------------------------|----------|
| Single Limit Per Occurrence:   | \$ _____ |
| General Aggregate:             | \$ _____ |
| Personal & Advertising Injury: | \$ _____ |
| Fire Damage:                   | \$ _____ |
| Medical Expense:               | \$ _____ |
12. Participant / Staff Accident Insurance
- |                                   |          |
|-----------------------------------|----------|
| Maximum Medical Expense Benefit:  | \$ _____ |
| Accidental Death Benefit:         | \$ _____ |
| Accidental Dismemberment Benefit: | \$ _____ |
13. Hired and Non-Owned Automobile Liability
- |                              |          |
|------------------------------|----------|
| Single Limit Per Occurrence: | \$ _____ |
| General Aggregate:           | \$ _____ |
14. Inland Marine (Equipment Coverage)
- |                             |          |
|-----------------------------|----------|
| Value Of Insured Equipment: | \$ _____ |
|-----------------------------|----------|

**UNDERWRITING**

13. Total Annual Gross Receipts: \$ \_\_\_\_\_
- |              |          |
|--------------|----------|
| Admissions:  | \$ _____ |
| Concessions: | \$ _____ |
| Retail:      | \$ _____ |

If this is a new facility, please provide an annual estimate.

14. Do you own or rent your facility/playing field?       Own       Rent  
 If rented, please provide a copy of the rental agreement from the building or park owner.

15. Do you rent your facility/playing field to any other commercial operations (e.g. pro shop, sports organization, concessionaires, etc)?  Yes  No

16. Square Footage of Facility/Playing Field: \_\_\_\_\_

17. Number of Employees: \_\_\_\_\_ Full-time  
\_\_\_\_\_ Part-time

18. Does your facility subcontract out any of the following operations?  
 Janitorial Concessions  Security  Facility/Field Maintenance

19. Are childcare services provided?  Yes  No  
If yes, please explain the services offered and the procedures in place to protect the children while in your care.

20. Do you have cooking surfaces on site?  Yes  No

21. Are there any special events planned at your facility/playing field during the coverage term (e.g. festivals, large tournaments, etc)?  Yes  No

Event: \_\_\_\_\_  
Event: \_\_\_\_\_  
Event: \_\_\_\_\_

Number of Estimated Spectators: \_\_\_\_\_  
Number of Estimated Spectators: \_\_\_\_\_  
Number of Estimated Spectators: \_\_\_\_\_

**GENERAL QUESTIONS**

- A. Are rules posted conspicuously and enforced at all times?  Yes  No
- B. Are participants required to wear safety equipment during play?  Yes  No
- C. Are participants required to sign a Waiver & Release of Liability?  Yes  No
- D. Are copies of the Waiver & Release of Liability kept on file?  Yes  No
- E. Are the referees or coaches employees of your organization?  Yes  No
- F. Are parking lots well lit and patrolled?  Yes  No
- G. Are facility/playing field inspections and maintenance performed?  Yes  No
- H. Is a log maintained of inspections and maintenance performed?  Yes  No
- I. Are written emergency procedures in place?  Yes  No
- J. Does the facility rent or repair sports equipment?  Yes  No
- K. Is the facility locked so that patrons cannot use it when closed?  Yes  No
- L. Are there construction operations on site?  Yes  No
- M. Does the facility have a fire alarm?  Yes  No
- N. Does the facility have automatic fire sprinklers?  Yes  No
- O. Does the facility have an Automated External Defibrillator?  Yes  No
- P. Does the facility contain fire extinguishers?  Yes  No
- Q. Are all exits clearly marked?  Yes  No

27. Please also provide the following documents if applicable:  
 Prior insurance experience reports for the past three years.  
 Emergency procedures or other documentation.  
 Lease agreement if your facility/playing field is not owned.  
 Sample waiver and release of liability forms.

The undersigned being authorized by and acting on behalf of the applicant and all persons or concerns seeking insurance, has read and understands this proposal and declares all statements set for herein are true, complete, and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for which may render inaccurate, untrue, or incomplete any statement made herein will immediately be reported in writing to the insurer.

The undersigned acknowledges and agrees that the submission and the insurer's receipt of such report prior to the inception of the policy applied for is a condition precedent to coverage.

It is understood and agreed that the completion of this application shall not be binding either to the Proposed Insured or to the Company until accepted by the Company or Companies.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

I certify that the above information is true and coverage is not applicable until accepted by DHC Insurance, LLC.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

Forward Your Completed Request For Quotation To

**DHC Insurance, LLC.**  
**P.O. Box 948**  
**Warrenville, IL. 60555**  
**(888) 288-1829**  
**FAX (630) 393-5666**  
**www.DHCINS.com**

**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.**