

Mid America Specialty Markets 2800 Forum Blvd Suite 4B Columbia, MO 65203 573-447-4990 agencymail@midaminsurance.com

Stadium Questionnaire

(Attach to an Acord Application)

Policy Number:

Owner r	name			
Address	S			
	Street	City	State	Zip
Address	sStreet	City	State	Zip
Applica		2		·
Applica	nt's website address	Contact's emai	raddress	
1)	Estimated annual attendance:			
2)	Gross annual sales for all operations:		\$	
3)	Annual receipts from ticket sales:		\$ <u></u>	
4)	Maximum capacity:			
5)	Average event attendance:			
6)	Note if fireworks are used: (If yes, separate coverage is required as this	s is specifically excluded]Yes 🗌No
7)	Note if the applicant is responsible for:			
	Parking		E	Yes No
	If yes, note annual receipts:		\$	
	Concessions (excluding alcohol)		E	Yes No
	If yes, note annual receipts:		\$	
	<u>Alcohol sales</u>		Γ	Yes No
	If yes, note annual receipts:		\$	
	<u>Security</u>		Γ	Yes No
	If no, note who is responsible:			
	<u>Maintenance</u>		Γ]Yes []No
	If no, note who is responsible:			
	First Aid		Γ	Yes No
	If no, note who is responsible:			
8)	List all other amusement devices along with any receipts (batting cages, bounce houses, speed pitch, etc.)			
	Description			<u>Receipts</u>
			\$	



9) Describe the use of the stadium or grounds for other purposes (public speakers, craft sales, festivals, concerts, little league tournaments, company picnic and ball game, etc.):

Please include copies of the following:

- Lease or rental agreements relating to the stadium and/or parking.
- Certificates of insurance, from sub-contractors, naming you as an additional insured.

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

Agent's Signature

Agency Name

Date

Date