



JBL Trinity Group, Ltd.

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THE FEDERATION OF SPORTS ARENAS INSURANCE PROGRAM PROPERTY APPLICATION

Application Date: _____ Proposed Effective Date: _____
 Name of Insured: _____
 Mailing Address: _____ City: _____ ST: _____ ZIP: _____
 Location Address: _____ City: _____ ST: _____ ZIP: _____
 Business Phone: (_____) _____ Business Fax: (_____) _____
 Contact Name: _____
 Years in business at this location: _____ Years Experience: _____

1. Values:

\$ _____ Building Coverage
 \$ _____ Personal Property (Contents)
 \$ _____ Improvements & Betterments
 \$ _____ Loss of Earnings (Business Interruption)
 \$ _____ Sign: Lit Unlit Attached Free Standing
 \$ _____ Other: _____

2. Roof: Flat Steel Truss Flat Joisted Other: _____
 3. Exterior Walls: Wood/Frame Concrete Block/Brick Metal/Steel Other - Describe: _____

4. Field surface: Grass AstroTurf Other - Describe: _____

5. Cooking/Snack Bar Info: Grill Fryer Hood: Y N Describe Operation: _____

6. **Sprinklered:** Yes No **Burglar:** Local Central Station Motion Detectors
Smoke/Fire: Local Central Station

7. List Type of Business/Dwelling & Distance (in Feet) A: Left _____
 B: Right _____ C: Rear _____

8. Size of Building: _____ SQ. FEET # of Stories: _____

9. Distance to Fire Hydrant: _____ FEET Distance to Fire Dept: _____ MILES

10. Year Built: _____ If Over 25 Years - When Updated: Roof _____ Electrical _____
 Plumbing _____ Heating _____ A/C _____

11. Please Provide Loss History for the Past Five (5) Years. If you have had "NO CLAIMS," please indicate so.

Date Of Loss	Type of Loss.	Total Claim	Amount Paid by Company

12. Current Carrier / Broker: _____ Policy #: _____

13. Comments/Mortgagee(s): _____

This application is supplied as a means of acquiring information. It is not a binder and nothing herein contained shall be construed as an agreement to bind insurance of any kind or description. Some form of financial statement may be required within 60 days of binding.

Authorized Representative: _____

Title: _____ Date: _____

Contact: _____

Business Phone: (_____) _____ Home Phone: (_____) _____