

SECTION 1: APPLICANT INFORMATION

Company Name: _____

DBA: _____

Additional Named Insureds: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Phone: _____

FEIN #: _____

Type of Business (Select One):

- Individual Corporation Partnership Limited Liability Corp
 Joint Venture Organization University Other

Effective Date: _____ Expiration Date: _____

Website: _____ Is this operation for profit? Yes No

Type of Group (Select One):

- Facility - Choose One Climbing Gym* Amateur League (List Sport) _____
 Camp Choose One Ice Rink* Special Events (List Sport) _____
 Higher Edu. Intramural/
Academic Club Circus/Aerial Arts Tournament (List Sport) _____

If other, please describe: _____

**Indicates supplemental application must be emailed to underwriter.*

SECTION 2: OPERATIONS

1. Membership Count: _____ 2. Annual Revenue: _____

3. Is the facility 24 hours? Yes No

4. If yes: keyless entry? Yes No

5. If yes: video security cameras? Yes No

6. Number of birthday parties: _____ 7. Do food sales include cooking? Yes* No

8. Does your facility offer child-minding or daycare services? Yes* No

9. Does your facility have a swimming pool? Yes* No

10. Does your facility include a rock climbing or bouldering wall? Yes* No

11. Do you require Hired and Non-Owned Auto Coverage (HNOA)? Yes* No

12. Does the facility include tanning beds? Yes* No

**Please complete the applicable supplemental questionnaire.*

SECTION 3: PROCEDURES

1. Are all fitness instructors certified? Yes No
2. If no, have all had a minimum of one year of experience? Yes No
3. Are all fitness instructors trained in the proper use of equipment? Yes No
4. Is a first aid kit located in an easily accessible location? Yes No
5. Does the facility have an AED device? Yes No
6. How many employees are trained in its use? _____
7. Are all clients required to sign a waiver of liability? Yes No If yes, how long is the waiver kept on file? _____
8. **Is all equipment:**
 - a. Mechanically sound and installed and operating in accordance with manufacturer's instructions and standards? Yes No
 - b. Serviced as required to ensure continued user safety? Yes No
 - c. Inspected daily with updated inspection logs maintained? Yes No

SECTION 4: EMPLOYMENT & STANDARDS

1. Is a written, signed employment application required for all prospective employees and volunteers? Yes No
2. If yes, does the written 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
3. Do you routinely request and receive criminal background investigations on all employees, volunteers and independent contractors including game officials? Yes No
4. How do you verify employment and/or volunteer related references? In person By telephone Do Not Verify
5. Do you conduct a personal interview with all prospective employees and volunteers? Yes No
6. Do you maintain documentation of employment/volunteer applications and background checks? Yes No
7. Do you have an employee handbook? Yes No
8. Does the organization have and enforce written standards regarding Sexual Abuse and Molestation? Yes No
9. At your staff orientation, do you discuss child/sexual abuse including how to recognize the signs, and what to do if a staff personnel/child and/or volunteer reports someone molested him/her?
 - a. If so, is it documented? Yes No
10. Do you have a plan of supervision that monitors staff including volunteers in a day-to-day interaction with children? Yes No
11. Do you have a crisis management plan for dealing with staff personnel, including volunteers, victim, parents, authorities and media if you have an incident of abuse? Yes No



DECLARATIONS

I declare the statements and particulars in this application are true and that no material facts have been misstated or suppressed after inquiry. I agree that this application with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature

Date

Position
