

## SUPPLEMENTAL 1: COOKING

1. Is the cooking area protected by an approved automatic extinguishing system?  Yes  No
2. Does the organization have a licensed contractor for inspection and service of the automatic fire extinguishing system every six months?  Yes  No
3. Does the organization utilize a qualified grease-cleaning contract for cleaning hoods, exhaust fans, duct systems, and other devices at least every six months?  Yes  No
4. Is all equipment UL Listed and meet all NFPA codes?  Yes  No
5. Are portable Class B Type hand fire extinguishers readily available?  Yes  No

## SUPPLEMENTAL 2: CHILD MINDING, BABYSITTING, OR EDUCATIONAL PROGRAMS

1. Have all employees involved in child minding services cleared criminal background checks?  Yes  No
2. Do the child minding procedures include a date log in and log out sheet?  Yes  No
3. Do childcare providers have First Aid Training?  Yes  No
4. Do the doors in the childcare room have safety equipment preventing children from operating the door?  
 Yes  No
5. Do parents/guardians sign disclosure and hold-harmless agreements with disclose health and allergy issues?  Yes  No
6. Are parents/guardians required to stay on premises?  Yes  No
7. Have all employees involved in child minding services been given and confirmed they understand the company's abuse protocol and procedures?  Yes  No
8. Age of children: \_\_\_\_\_ to \_\_\_\_\_
9. Average number of children: \_\_\_\_\_
10. Maximum number of children: \_\_\_\_\_
11. Staff to child ratio: \_\_\_\_\_
12. Length of on-site stay for participants: \_\_\_\_\_
13. Do operations include daycare?  Yes  No If yes, current enrollment: \_\_\_\_\_
14. Do operations include Accredited Preschool?  Yes  No If yes, current enrollment: \_\_\_\_\_  
If yes, please submit sample curriculum.  
If yes, is the preschool accredited?  Yes  No

### SUPPLEMENTAL 3: POOL

1. How many pools are in operation including all locations? \_\_\_\_\_
2. Do the pools undergo regularly scheduled maintenance and inspections?  Yes  No
3. Are lifeguards on duty at all hours of operation?  Yes  No
4. What is the maximum depth of each pool? \_\_\_\_\_
5. Does the pool include a diving board?  Yes  No
6. Does the pool include a slide?  Yes  No
  - a. If yes, attach photos of slide area
  - b. If yes, is there a dedicated lifeguard for slide area  Yes  No
  - c. If yes, is free swimming allowed in slide area  Yes  No
7. Is the pool enclosed by "child proof" gate/door when not in operation?  Yes  No

### SUPPLEMENTAL 4: CLIMBING WALL

1. Are you a current member of the Climbing Wall Association (CWA)?  Yes  No
2. Do you have any offsite activities?  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Indoor Activities (select all that apply):
  - Roped/Wall Climbing
  - Lead Climbing
  - Treadwall
  - Bouldering
  - Auto-Belay
  - Ropes, Challenge, or Ninja Course
  - Ice Climbing
4. What is the total square feet of walls? \_\_\_\_\_
5. When was/were the wall(s) installed? \_\_\_\_\_
6. Are warning and safety signs visibly posted before entering the climbing areas?  Yes  No
7. Do you offer 24 hour access?  Yes  No
8. If yes, is keycard required for entry?  Yes  No
9. Are all climbing areas under video surveillance?  Yes  No
10. Are helmets and harnesses utilized?  Yes  No
11. How frequently are walls inspected? \_\_\_\_\_
12. Is there video camera surveillance?  Yes  No
13. Do you require all climbers to complete an orientation as well as training and assessment prior to use of?  
 Yes  No
14. Please provide standards for equipment and wall maintenance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## SUPPLEMENTAL 7: SAUNAS & STEAM ROOMS

1. Is the sauna(s)/steamroom(s) monitored for usage during open hours?  Yes  No
  - a. If yes, how frequently:\_\_\_\_\_
2. Is the sauna(s)/steamroom(s) able to be utilized during unstaffed hours?  Yes  No
3. Are the rules posted regarding the proper use and safety precautions?  Yes  No
4. Do the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns?  Yes  No
5. Do the sauna(s)/steamroom(s) have a maximum allowed temperature?  Yes  No
  - a. If yes, please provide:\_\_\_\_\_
6. Are all manufacturer recommendations followed for sauna(s)/steamroom(s)  Yes  No
7. Does your waiver include language specifically surrounding the sauna(s)/steamroom(s)  Yes  No

## SUPPLEMENTAL 8: CRYOTHERAPY CHAMBER

1. Name of the chamber manufacturer:\_\_\_\_\_
2. Type of Chamber:  Whole Body  Partial Body
3. Is there a formal training program in place for all staff members?  Yes  No
4. How is the chamber operated (i.e. controlled by member, staff, etc)\_\_\_\_\_
5. How is timing controlled and by whom?\_\_\_\_\_
6. What is the maximum time allowed inside the chamber?\_\_\_\_\_
7. Are the timing controllers automated with no override available?  Yes  No
8. Does the insured's waiver contain language around the chamber?  Yes  No
9. Is any protective clothing offered/provided?  Yes  No
10. Is the chamber use for medical or for on-demand type voluntary use?  (Medical)  (Voluntary Use)

## SUPPLEMENTAL 9: EVENTS, SHOWCASES, PERFORMANCES, SPECIAL EVENTS:

1. Number of Student Showcases: \_\_\_\_\_
  - a. Average number of spectators per event: \_\_\_\_\_
2. Number of Paid Performances (other than student showcases): \_\_\_\_\_
  - a. Description of Paid Performances: \_\_\_\_\_
  - b. Revenue: \_\_\_\_\_
  - c. Average number of spectators Per Event: \_\_\_\_\_
3. Number of Tournaments or Special Event: \_\_\_\_\_
  - a. Description of Tournaments or Special Event: \_\_\_\_\_
  - b. Revenue: \_\_\_\_\_
  - c. Average Spectators Per Event: \_\_\_\_\_
4. Are spectators confined to a specific area away from the performance floor?  Yes  No
  - a. If yes, is it clearly indicated and roped?  Yes  No

## SUPPLEMENTAL 10: LIQUOR LIABILITY

1. Does the insured carry an active liquor license?  Yes  No
2. Description of liquor sales operations: \_\_\_\_\_
3. Are facilities available for private affairs, family reunions, banquets or receptions?  Yes  No
  - a. If yes, Revenue: \_\_\_\_\_
4. Do you provide catering?  Yes  No
  - a. If no, do you collect COIs from caterers operating on your premises?  Yes  No
5. Do you have a written policy on alcohol serving/awareness, including how to monitor and handle intoxicated patrons?  Yes  No
6. Are all alcohol serving employees required to complete a formal alcohol training program such as TIPS?  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: \_\_\_\_\_