

SUPPLEMENTAL 1: CHILD MINDING/BABYSITTING

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

SUPPLEMENTAL 2: 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 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

SUPPLEMENTAL 4: TANNING BEDS

1. Do the tanning beds undergo regularly scheduled maintenance? Yes No
2. Are the beds cleaned after each use? Yes No
3. Are controls on the bed or at the front desk? On the bed At front desk
4. Is there a sign in and sign out for each client? Yes No

SUPPLEMENTAL 5: 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 Ice Climbing
 - Bouldering Auto-Belay Treadwall
 - Ropes, Challenge, or Ninja Course
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? _____
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: _____

15. **Confirm staff is adequately trained in (select all that apply):**
 - Rules of walls Proper belay techniques Belay device failure/entrapment
 - Set-up and take-down procedures Emergency take-down procedures



SUPPLEMENTAL 7: HIRED & NON-OWNED SUPPLEMENT

- 1. Number of employees: _____ 2. Number of volunteers: _____
- 3. Do all employees and volunteers who utilize their vehicle for operations carry a minimum of \$300,000 in liability limits? Yes No
- 4. Do you run motor vehicle reports on employees and volunteers? Yes No
- 5. Do you have a Driver Safety program including MVR requirement? Yes No
- 6. What type of vehicles do you anticipate hiring? Trucks Cars Buses
- 7. Estimated cost of lease or hire for the year? _____ 8. Estimated number of times? _____
- 9. Does the leasing company provide drivers or do you utilize employees/volunteers? Yes No
- 10. Do you purchase liability insurance from the leasing company? Yes No
- 11. Does the leasing company or vehicle owner require you to provide primary insurance and add as additional insured? 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