

SECTION 1: APPLICANT INFORMATION

Company Name: _____

DBA: _____

Additional Named Insureds: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____ Phone: _____

FEIN #: _____

Type of Business (Select One):

- | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|--|
| <input type="radio"/> Individual | <input type="radio"/> Corporation | <input type="radio"/> Partnership | <input type="radio"/> Limited Liability Corp |
| <input type="radio"/> Joint Venture | <input type="radio"/> Organization | <input type="radio"/> University | <input type="radio"/> Other |

Effective Date: _____ Expiration Date: _____

Website: _____ Is this operation for profit? ☐ Yes ☐ No

Type of Group (Select One):

- | | | |
|--|--|---|
| <input type="radio"/> Facility - Choose One | <input type="radio"/> Climbing Gym* | <input type="radio"/> Amateur League (List Sport) _____ |
| <input type="radio"/> Camp Choose One | <input type="radio"/> Ice Rink* | <input type="radio"/> Special Events (List Sport) _____ |
| <input type="radio"/> Higher Edu. Intramural/
Academic Club | <input type="radio"/> Circus/Aerial Arts | <input type="radio"/> 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

Updated 02.2020

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
