

Updated 02.2020

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

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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

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SUPPLEMENTAL 6: CAMP COVERAGE

1. How many years has the organization operated? _____

2. If less than three, does the applicant have prior experience? ☐ Yes ☐ No

Age Group (under 18/over 19)	Sport	Start Date	End Date	Total # of staff and volunteers	Total # of Campers	Total Days
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

3. Is this the directors first camp? ☐ Yes ☐ No

4. If yes, please describe experience: _____

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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