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CA# 0334819

COMMUNITY CENTER QUESTIONNAIRE

(To be completed with General ACORD Application #125)

BUSINESS INFORMATION

Name of Insured (as will appear on policy): _____

Doing business as: _____

Web site: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Address of each location, if more than one location, attach list (Include street, city, state, zip):

Address: _____

City: _____ State: _____ Zip: _____

1. Policy period being requested: from: ____________ to ____________
2. Number of years in business? _____
3. In what state is the organization headquartered/chartered? _____
4. Is the Insured a non-profit? ☐ Yes ☐ No
5. Do you own or lease facility? ☐ Own ☐ Lease
6. Does the organization engage in any other business operations under the name insured as will appear on the policy? ☐ Yes ☐ No
7. Total number full time employees: _____; Part time employees: _____; Volunteers: _____
Are volunteers covered under your Workers Compensation policy? ☐ Yes ☐ No
8. Are any of the insured's locations within 1/2 mile of a military base, defense contractor, major utility, known U.S. landmark, sports stadium or a major amusement park? ☐ Yes ☐ No
If yes, explain: _____
9. Has this type of insurance ever been cancelled, declined or non-renewed? (Not Applicable in Missouri) ☐ Yes ☐ No
If yes, explain: _____
10. As respects this operation, list the contracts entered into by this applicant, and whether the Named Insured assumes liability for the other party: _____

COVERAGE INFORMATION

 Indicate the coverages desired; note the forms to be completed.

☐ General Liability (Community Center Questionnaire)

Acord Applications required for the following:

☐ Property ☐ General Liability ☐ Crime ☐ Inland Marine ☐ Auto ☐ Workers Compensation

Other:

☐ Liquor Liability (complete section Q Liquor Liability)

☐ Sexual Abuse & Molestation (complete section D Sexual Abuse and Molestation)

☐ Non-Owned and Hired Auto Liability (complete section P Non-Owned and Hired Auto Liability)

PRIOR CARRIER INFORMATION

YEAR	PREVIOUS AGENT	COMPANY	LIABILITY LIMITS	PREMIUMS
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____
20____	_____	_____	_____	_____

INSURANCE INFORMATION

1. Is your facility a membership based facility? ☐ Yes ☐ No
2. Number of members: _____
3. Is a waiver/hold harmless signed by member and guest and by the parent or guardian for minor participants? ☐ Yes ☐ No
4. Do you have any counseling or "at risk" programs such as drug rehab, gang intervention or abuse shelters? ☐ Yes ☐ No
If yes, please describe fully: _____

5. Total Annual Gross Revenue: \$ _____
- | | |
|-----------------------------|---------------------------|
| Membership fees: \$ _____ | Tanning: \$ _____ |
| Personal Training: \$ _____ | Massage: \$ _____ |
| Classes: \$ _____ | Snack/juice bar: \$ _____ |
| Initiation fees: \$ _____ | Restaurant: \$ _____ |
| Spa services: \$ _____ | Liquor: \$ _____ |
| Pro shop: \$ _____ | Other: \$ _____ |

6. Please indicate your exposures below:

- | | |
|--|--|
| <input type="checkbox"/> Circuit training/Cardio equipment | <input type="checkbox"/> Racquetball courts # _____ |
| <input type="checkbox"/> Aerobics/Step aerobics | <input type="checkbox"/> Handball courts # _____ |
| <input type="checkbox"/> Free Weights | <input type="checkbox"/> Tennis courts (INDOOR) # _____ |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Tennis courts (OUTDOOR) # _____ |
| <input type="checkbox"/> Spinning | <input type="checkbox"/> Swimming pools (INDOOR) # _____ |
| <input type="checkbox"/> Sun tanning units | <input type="checkbox"/> Swimming pools (OUTDOOR) # _____ |
| <input type="checkbox"/> Non-contact kickboxing | <input type="checkbox"/> Lake/pond(s) # _____ |
| <input type="checkbox"/> Running track | <input type="checkbox"/> Boats/canoes/kayaks # _____ |
| <input type="checkbox"/> Ice/Roller Skating/blading | <input type="checkbox"/> Whirlpool # _____ |
| <input type="checkbox"/> Inflatable bounce equipment | <input type="checkbox"/> Jacuzzis # _____ |
| <input type="checkbox"/> Owned <input type="checkbox"/> Rented | <input type="checkbox"/> Cold plunge # _____ |
| <input type="checkbox"/> Aerobic mini trampoline | <input type="checkbox"/> Saunas # _____ |
| <input type="checkbox"/> Trampoline | <input type="checkbox"/> Steamrooms # _____ |
| <input type="checkbox"/> Boxes | <input type="checkbox"/> Rock climbing walls (STATIONARY) # _____ |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Rock climbing walls (PORTABLE) # _____ |
| <input type="checkbox"/> Chains | <input type="checkbox"/> Ropes courses (HIGH) # _____ |
| <input type="checkbox"/> Rings | <input type="checkbox"/> Ropes courses (LOW) # _____ |
| <input type="checkbox"/> Ropes | <input type="checkbox"/> Nursery/Babysitting |
| <input type="checkbox"/> Straps from the ceiling | <input type="checkbox"/> Dropoff daycare |
| <input type="checkbox"/> Home-made boxes for climbing/jumping | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Diet center/Weight control services | <input type="checkbox"/> Before/Afterschool programs |
| <input type="checkbox"/> Kitchen/Snack/Juice bar/Restaurant | |
| <input type="checkbox"/> Proshop | |
| <input type="checkbox"/> Camp/Summer camp programs | <input type="checkbox"/> Day <input type="checkbox"/> Overnight |
| <input type="checkbox"/> Spa or salon | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Masseur/Masseuse | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Contact <input type="checkbox"/> Non contact |
| <input type="checkbox"/> Martial arts | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Sports Med/Rehab/Therapy | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Physicals/Stress testing | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| <input type="checkbox"/> Blood analysis | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| Other: _____ | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |

7. Do you lease space to others? ☐ Yes ☐ No
If Yes, provide name of entity(s), type of operation and square footage: _____

8. Do you rent any part of your facility to members or public for meetings, special events, etc? ☐ Yes ☐ No
 If yes:
 Sq. ft. available for use: _____
 Do you require a facility rental agreement to be signed? ☐ Yes ☐ No
 Do you obtain Certificates of Insurance from Organizations or Groups who have their own insurance naming you as additional insured? ☐ Yes ☐ No
9. Do you provide any habitation or overnight housing? ☐ Yes ☐ No
 If yes, please describe: _____
10. Do you have any fund raisers or other special events? ☐ Yes ☐ No
 If yes, please describe: _____
11. Do you provide any type of senior services? ☐ Yes ☐ No
 If yes, please describe: _____
12. Do you have any offsite sporting activities? ☐ Yes ☐ No
 If yes, is there competition with outside entities? (i.e.: other clubs, schools, etc) ☐ Yes ☐ No
13. Please indicate the onsite & offsite sports/activities below:
- | <u>Activity</u> | <u># Participants</u> | <u># Games/Events</u> | | |
|-------------------|-----------------------|-----------------------|--------------------------------------|---------------------------------------|
| Basketball | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Baseball | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Soccer | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Softball | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Flag Football | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Tackle Football | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Swim/Dive Teams | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Wrestling | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Tennis Team | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Volleyball | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Lacrosse | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Cheerleading | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Inline/ice Hockey | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| Other: | | | | |
| _____ | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
| _____ | _____ | _____ | <input type="checkbox"/> On premises | <input type="checkbox"/> Off Premises |
14. Do you have any offsite activities (other than indicated above)? ☐ Yes ☐ No
 If yes, please describe: _____
15. Is the facility CrossFit Affiliated? ☐ Yes ☐ No
 If yes, provide these annual revenue generated from CrossFit operation: _____
16. Do you participate in CrossFit competitions, events or activities? ☐ Yes ☐ No
17. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? ☐ Yes ☐ No
18. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? ☐ Yes ☐ No
 If yes, do you require a Certificate of Insurance naming you as an Additional Insured? ☐ Yes ☐ No
 Minimum Liability Limits required? ☐ Yes ☐ No
 Do you require coverage to be shown for both General Liability and for Participant Legal Liability? ☐ Yes ☐ No
19. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? ☐ Yes ☐ No
20. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? ☐ Yes ☐ No
21. Does the course involve any mud obstacles? ☐ Yes ☐ No

A. MANAGEMENT/PERSONNEL/SAFETY/SECURITY

1. List facility director experience and qualifications: _____
2. Does the facility director have a degree? ☐ Yes ☐ No
Describe: _____
3. Are all professional staff members required to have a degree and/or certification related to their jobs? ☐ Yes ☐ No
4. Do you have any medical professionals employed or contracted? ☐ Yes ☐ No
If yes, are they employed? ☐ Yes ☐ No Contracted? ☐ Yes ☐ No
Describe: _____
- Are certificates of insurance obtained from them naming the insured as an additional insured? ☐ Yes ☐ No
5. Do you have a risk manager on staff? ☐ Yes ☐ No
6. Do you have a risk management program in place? ☐ Yes ☐ No
7. Do you hold regular staff meetings with mandatory attendance? ☐ Yes ☐ No
8. Are all employees required to participate in on-going staff training? ☐ Yes ☐ No
9. Do you hold regular safety meetings with employees? ☐ Yes ☐ No
10. Do you have a formal evacuation plan? ☐ Yes ☐ No
11. Are all employees trained on the safety and evacuation plans? ☐ Yes ☐ No
12. Is facility staffed at all times during hours facility is available for use? ☐ Yes ☐ No
13. Is security lighting provided in your parking lot? ☐ Yes ☐ No
14. If you own or lease your facility and we are to consider property coverage for you;
 - a. Do you wish to insure the security lighting (light standards) in your parking lot? ☐ Yes ☐ No
If yes, please include this coverage request on the property ACORD application. Include number of light standards, cost per lighting standard, and total value. Advise whether cost or ACV is required.
 - b. Do you wish to insure the structural or non structural glass in your building? ☐ Yes ☐ No
If yes, please include this coverage request on the property ACORD application. Include description of glass and total value. Advise whether replacement cost or ACV is required.

B. FACILITY:

1. Do you require daily cleaning of the facility/shower areas? ☐ Yes ☐ No
2. Are water-prone areas cleaned and monitored regularly? ☐ Yes ☐ No
3. Are facility and equipment cleaning/maintenance checklists/logs maintained? ☐ Yes ☐ No
4. Is there any cooking on the premises? ☐ Yes ☐ No
If yes, complete Kitchen/Restaurant/Snack or Juice bar/Vending section of application
5. Does the club have an **Automated External Defibrillator**? ☐ Yes ☐ No
6. Does your state require you to have available an AED? ☐ Yes ☐ No
7. Is the AED easily accessible for those who have been trained in the use of the AED? ☐ Yes ☐ No
8. Do you have AED trained staff on duty during open hours? ☐ Yes ☐ No

C. MAINTENANCE

1. Does your facility ever use a scissor lift? ☐ Yes ☐ No
If yes, is it owned or rented? _____
What is the scissor lift used for? _____
Who operates the scissor lift (i.e.: employee, volunteer, entity from which scissor lift is rented/leased, independent contractor, etc.)? _____
Who is responsible for the maintenance of the scissor lift? _____
If the named insured is responsible for the maintenance, describe maintenance schedule: _____
Is a maintenance log maintained on the scissor lift? ☐ Yes ☐ No
Describe the controls and safety procedures in place for the use of the scissor lift: _____

D. SEXUAL ABUSE AND MOLESTATION: (If Coverage is desired)

1. Does the organization have a procedure in place during employment (including volunteers) interviews that ensures every effort is made to screen out offenders? ☐ Yes ☐ No
2. Do you discuss abuse and molestation and how to recognize the signs, and what to do if a child or member reports someone molested/abused him or her? ☐ Yes ☐ No
3. Do you allow staff members to be alone with the children? ☐ Yes ☐ No
4. Do you do criminal background checks prior to hire? ☐ Yes ☐ No
5. Do you verify employment related references prior to hire? ☐ Yes ☐ No
6. Are children interviewed periodically about their experience in the program? ☐ Yes ☐ No
7. Does the organization have a policy statement regarding interaction with children? ☐ Yes ☐ No
8. Has the organization ever had a claim or charge alleging abuse or molestation? ☐ Yes ☐ No

If yes, describe: _____

What has been done to prevent such occurrences from happening in the future? _____

9. Liability limits requested: ☐ \$500,000 / \$1,000,000 ☐ \$1,000,000 / \$2,000,000

E. CHILD CARE:

1. Do you have child care available? ☐ Yes ☐ No
If yes, please describe: _____
2. Is child care available for non-members? ☐ Yes ☐ No
3. Is center licensed? ☐ Yes ☐ No
4. Has your license ever been denied, suspended or revoked? ☐ Yes ☐ No
5. Have you ever been brought up for a compliance hearing? ☐ Yes ☐ No

If yes, please explain: _____

6. Are parents allowed to leave facility while children are in your care? ☐ Yes ☐ No
7. Please describe pick-up and drop-off procedures: _____

AGE OF CHILDNUMBER OF CHILDRENRATIO OF CARE PROVIDERS TO CHILDREN

Under 12 months _____

13 months-2 years old _____

2-5 years old _____

6 years & older _____

8. Are care providers trained in CPR and/or First Aid? ☐ Yes ☐ No
9. Do you maintain a file on each child for the following?
 - a. Immunization records? ☐ Yes ☐ No
 - b. Records for conditions (medical or otherwise) the child may have? ☐ Yes ☐ No
 - c. Signed release for emergency medical treatment? ☐ Yes ☐ No
10. Are any medications administered? ☐ Yes ☐ No

If yes, please explain: _____

11. Are any meals cooked/provided on the premises? ☐ Yes ☐ No

If yes, please explain: _____

12. What activities take place? _____

13. Do you utilize an enrollment form? ☐ Yes ☐ No

If yes, provide copy. _____

F. PRESCHOOL:

1. Do you have preschool available? ☐ Yes ☐ No
2. Is preschool available for non-members? ☐ Yes ☐ No
3. Is center licensed? ☐ Yes ☐ No
4. Has your license ever been denied, suspended or revoked? ☐ Yes ☐ No
5. Have you ever been brought up for a compliance hearing? ☐ Yes ☐ No

If yes, please explain: _____

6. Average number of children enrolled: _____

7. Provide Sq.Ft. of preschool room (s): _____

8. Age of preschool participants: _____

9. Ratio of preschool providers to children: _____

10. Are care providers trained in CPR and/or First Aid? ☐ Yes ☐ No
11. Do you maintain a file on each child for the following?
- a. Immunization records? ☐ Yes ☐ No
- b. Records for conditions (medical or otherwise) the child may have? ☐ Yes ☐ No
- c. Signed release for emergency medical treatment? ☐ Yes ☐ No
12. Are any medications administered? ☐ Yes ☐ No
If yes, please explain: _____
13. Are any meals cooked/provided on the premises? ☐ Yes ☐ No
If yes, please explain: _____
14. What activities take place? _____
15. Do you utilize an enrollment form? ☐ Yes ☐ No
If yes, provide copy. _____

G. BEFORE/AFTER SCHOOL PROGRAMS:

1. Do you have Before/After School programs available? ☐ Yes ☐ No
2. What age groups are these programs available for? _____
3. What activities take place? _____
4. Are these programs onsite or offsite? ☐ Onsite ☐ Offsite
If Offsite: Number of Participants: _____
Describe where held: _____
5. Do you utilize an enrollment form? ☐ Yes ☐ No

H. CAMPS:

Indicate camp programs available: ☐ Day Camp On-premises Number of participants: _____

☐ Day Camp Off-premises must complete camp application.

☐ Overnight camp Must complete Camp Application.

1. Are field trips taken? ☐ Yes ☐ No
If yes, please describe types of trips taken: _____
Trips taken: _____ # Participants per trip: _____
2. Describe all camp activities: _____
3. Do you utilize an enrollment form? ☐ Yes ☐ No

I. TRANSPORTATION:

1. Do you provide any type of transportation? ☐ Yes ☐ No
If yes, please describe: _____
2. What type(s) of vehicle(s) are used? (i.e.: shuttle, bus, van) _____
Capacity of vehicles: 8 or less 9-20 21-60 60 or more
Total # Owned _____ _____ _____ _____
Total # Leased _____ _____ _____ _____
Average days per week used _____ _____ _____ _____
Radius of operation: _____ _____ _____ _____
3. Indicate the use of vans/buses:
Pick up/drop off members to or from other locations? ☐ Yes ☐ No
Pick up/drop off children to or from school? ☐ Yes ☐ No
Pick up/drop off children to or from other locations? ☐ Yes ☐ No
Field trips? ☐ Yes ☐ No Farthest distance traveled? _____
4. Is the leasing or rental company providing the primary insurance for the vehicle? ☐ Yes ☐ No
If yes, please provide a certificate of insurance. _____
5. Who performs the maintenance on these vehicles? _____
6. Is a maintenance schedule and daily pre-use inspection log maintained? ☐ Yes ☐ No
7. Is an annual inspection required of each vehicle? ☐ Yes ☐ No
8. Is fleet safety program in place? ☐ Yes ☐ No
If so, please describe: _____
9. Are vehicles equipped with seat belts? ☐ Yes ☐ No
10. Are all drivers your employees? ☐ Yes ☐ No
If no, please explain: _____

11. Are parents/participants allowed to drive their personal vehicles for field trips/offsite activities? ☐ Yes ☐ No
If yes, are they allowed to transport other participants? ☐ Yes ☐ No
Describe policies/procedures in place (copy of drivers license, proof of insurance, etc): _____
12. What criteria is used in the hiring of drivers? _____
13. Do you obtain and check motor vehicle reports for all drivers prior to their driving? ☐ Yes ☐ No
14. Is CDL with passenger transportation endorsement required? ☐ Yes ☐ No
If not, please explain: _____
15. What is the minimum age allowed for drivers? _____
16. How many years of experience of transporting passengers is required? _____
17. Are any of these vehicles leased/loaned to others? ☐ Yes ☐ No
If yes, please explain: _____
18. Are any of these vehicles ever loaned to employees? ☐ Yes ☐ No
If yes, please explain: _____

J. GYMNASTICS

1. List gymnastics activities and any apparatuses used (i.e.: trampoline, parallel bars, vault, etc.)

2. Are participants constantly supervised and spotted? ☐ Yes ☐ No

K. MARTIAL ARTS

1. What activities are instructed? _____
2. Are classes contact or non-contact? _____
3. What are the instructor's qualifications? _____
4. What safety equipment is used? _____

L. SWIMMING POOLS, SLIDES AND BOARDS:

1. Number of pools on site: Indoor _____ Outdoor _____ Square footage of each pool: _____
Water depth of each pool: _____
If outdoor, is it fenced? ☐ Yes ☐ No Height of fence: _____
2. Is there use of offsite pools? ☐ Yes ☐ No
If yes, explain: _____
3. Is there a certified lifeguard on duty at all times? ☐ Yes ☐ No
4. Does facility have any diving boards? ☐ Yes ☐ No
If yes, what is the height of each diving board? _____
5. Does facility have waterslide? ☐ Yes ☐ No
of Speed slides _____ Height of each slide _____
of Serpentine slides _____ Height of each slide _____
Are there attendant(s) at the top and bottom of the slide to monitor and space participants? ☐ Yes ☐ No
Is head first or double rider sliding allowed? ☐ Yes ☐ No
Are there signs posted to instruct patrons on proper behavior and riding techniques? ☐ Yes ☐ No
If yes, where: _____
7. How often are the pools and whirlpools checked for chemical balance? _____
8. Is the storage of pool chemicals secured? ☐ Yes ☐ No
9. Are guidelines in place for closing the pool due to water contamination? ☐ Yes ☐ No
10. Is there a non-skid surface around the pool and in the shower area? ☐ Yes ☐ No
11. Is there any competitive swimming/diving? ☐ Yes ☐ No
12. Are the starting blocks removed? ☐ Yes ☐ No
13. Describe safety precautions and lifesaving equipment available: _____
14. Does your pool, spa, or hot tub currently meet the requirements of Title XIV of public law 110-140, known as the "Virginia Graeme Baker Pool and Spa Safety Act" as enacted on 12-18-2008? ☐ Yes ☐ No
If no, explain: _____

M. KITCHEN/RESTAURANT/SNACK OR JUICE BAR/VENDING

1. Indicate exposure: ☐ Kitchen ☐ Restaurant ☐ Snack/Juice bar ☐ Vending
2. Who operates: ☐ You ☐ Subcontracted _____ sq.ft.
If subcontracted, do you require a certificate of insurance with Additional Insured status? ☐ Yes ☐ No
3. Provide brief description of items sold: _____
4. Are all deep fryers and grills equipped with hoods, automatic fire suppression systems and automatic fuel shutoff controls? ☐ Yes ☐ No
5. How often are hoods and filters cleaned and degreased? _____
6. Are alcoholic beverages sold/served or allowed on the premises? ☐ Yes ☐ No
If so, complete Liquor Liability section.

N. SAUNA/STEAMROOM:

1. Is the sauna(s)/steamroom(s) monitored for usage during open hours? ☐ Yes ☐ No
If so, how frequently? _____
Are written logs kept when checked? ☐ Yes ☐ No
2. Are rules posted regarding the proper use and safety precautions? ☐ Yes ☐ No
3. Does the sauna(s)/steamroom(s) heating element have a protective cover to prevent burns? ☐ Yes ☐ No
4. Are all manufacturer recommendations followed for sauna(s)/steamroom(s) usage? ☐ Yes ☐ No

O. CLIMBING WALLS:

1. Club location(s) of climbing walls: _____
2. Height of wall(s): _____
3. Provide minimum age allowed to use climbing walls: _____
4. Belay system used? ☐ Yes ☐ No
5. Describe landing surface and thickness: _____
6. Describe how climbing wall is monitored: _____
7. Are waivers signed by all adult climbers and by parent/guardian of minor climbers? ☐ Yes ☐ No
If yes, provide copy.

P. INFLATABLES/BOUNCE EQUIPMENT:

1. Do you have an inflatable or bounce house? ☐ Yes ☐ No
If yes, how many? _____
2. Is the inflatable and/or bounce house rented or owned by the insured? _____
3. If rented, who is responsible for installation to ensure properly anchored? _____
4. If owned, what guidelines are followed to ensure properly anchored? _____
5. How is it monitored for use and by whom? _____
6. Are waivers signed by participant and parent/legal guardian of minors? ☐ Yes ☐ No
Provide copy of waiver signed for our file.

Q. NONOWNED AND HIRED AUTO LIABILITY: (if coverage is desired)

1. Do you have a Business Auto Policy for business-owned autos? ☐ Yes ☐ No
(if yes, you will need to add nonowned/hired auto to that policy)
2. Does your operation require employees to drive their personal vehicles for company business on a regular basis? ☐ Yes ☐ No
If yes, describe the reasons why they would be using their personal vehicles for company business. _____
3. Do you verify that their personal auto insurance is in place with limits of at least \$300,000 before employees can use their autos for company business? ☐ Yes ☐ No
4. During the past three years have you leased, borrowed or hired any vehicles for your business? ☐ Yes ☐ No

5. If you anticipate some usage this year:
 - a. What type of vehicle (trucks, cars, buses)? _____
 - b. What is the estimated cost to lease or hire the vehicles? \$ _____
 - c. Number per month _____ Number per year _____

LIST OF DRIVERS - Please provide the following information for each driver.

Name	Birth Date	Driver's License Number	State Licensed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

R. LIQUOR LIABILITY: (If coverage is desired)

1. Name liquor license is in: _____
2. Liquor license number: _____ Class of license: _____
3. Opening and closing hours of alcoholic beverage sales: _____
4. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No
If yes, please explain: _____
5. Has applicant incurred claims for liquor liability during the last four years? ☐ Yes ☐ No
If yes, please explain: _____
6. Has any insurer cancelled or non-renewed coverage during the last four years? ☐ Yes ☐ No
If yes, please explain: _____
7. Type of alcoholic beverages sold: ☐ Beer ☐ Wine ☐ Liquor
8. Annual gross sales of alcoholic beverages: \$ _____
9. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No
If yes, what type? _____
10. Name the formal awareness training program that the servers receive: _____
11. At what point of sale are I.D.s checked? _____
12. If there any other Liquor Liability coverage being provided? ☐ Yes ☐ No
If yes, explain and attach a copy of the certificate of insurance: _____
13. Liability limits requested: \$ _____ (per occurrence) \$ _____ aggregate

DUE PRIOR TO BINDING AT TIME OF SUBMISSION

- 1) Fully completed & signed applications:
 - * Acord applications (property, inland marine, crime, auto, umbrella)
 - * Community Center Application
- 2) Membership application and/or Waiver and Release forms used by your organization
- 3) Child care, preschool, camp enrollment forms
- 4) Five years currently valued carrier loss runs
- 5) Brochures/program guide defining services and activities offered
- 6) Risks in business 3 years or less require a director/manager resume and pro forma financial (12 months income & expense projection and balance sheet.)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)