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www.kandkinsurance.com
CA# 0334819

COMMUNITY CENTER INFORMATION

(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?
5. Do you own or lease facility?
6. Does the organization engage in any other business operations under the name insured as will appear on the policy?
7. Total number full time employees; Part time employees; Volunteers:
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?
9. Has this type of insurance ever been cancelled, declined or non-renewed?
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

- 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 Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)
Non-Owned and Hired Auto Liability (complete section P Non-Owned and Hired Auto Liability)

PRIOR CARRIER INFORMATION

Table with 5 columns: YEAR, PREVIOUS AGENT, COMPANY, LIABILITY LIMITS, PREMIUMS. Rows for years 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. Total square footage of each location: \_\_\_\_\_

7. 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"/> Parkour   |
| <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 |
| <input type="checkbox"/> Cryotherapy chamber                   | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| Other: _____   | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |
| _____  | <input type="checkbox"/> Contractor <input type="checkbox"/> Club operated |

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

9. 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

10. Do you provide any habitational or overnight housing?  Yes  No  
 If yes, please describe: \_\_\_\_\_

11. Do you have any fund raisers or other special events?  Yes  No  
 If yes, please describe: \_\_\_\_\_

12. Do you provide any type of senior services?  Yes  No  
 If yes, please describe: \_\_\_\_\_

13. 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

14. 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

15. Do you have any offsite activities (other than indicated above)?  Yes  No  
 If yes, please describe: \_\_\_\_\_

16. Is the facility CrossFit Affiliated?  Yes  No  
 If yes, provide these annual revenue generated from CrossFit operation: \_\_\_\_\_

17. Do you participate in CrossFit competitions, events or activities?  Yes  No

18. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure?  Yes  No

19. 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

20. 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

21. 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

22. 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 **A**utomated **E**xternal **D**efibrillator?  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)

(complete Abuse & Molestation Supplemental Questionnaire 2082 Rec 6/20)

**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: \_\_\_\_\_  

<u>AGE OF CHILD</u>	<u>NUMBER OF CHILDREN</u>	<u>RATIO OF CARE PROVIDERS TO CHILDREN</u>
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: \_\_\_\_\_
19. If you own, lease, borrow or hire vehicles for your business, do all drivers and operators of vehicles with seating capacities of 15 or more including vans, buses and mini-buses, or those vehicles exceeding 10,000 pounds of gross vehicle weight, hold the appropriate driver license required by the state(s)?  Yes  No

If no, all drivers and operators will be required to hold the appropriate driver's license required by your state. Those states that do not have requirements for these types of vehicles, will be required to successfully complete some form of driver training course(s) subject to these vehicles. Acceptable drivers training courses are available at:

- Alert Driving: [www.alertdriving.com](http://www.alertdriving.com)
- National Safety Council: [www.nsc.org](http://www.nsc.org)
- Smith System Training: [www.smith-system.com](http://www.smith-system.com)

Note - If you have a required state specific drivers training course website, please provide to underwriting for review.

## 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 DIVING 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. CRYOTHERAPY CHAMBER**

Yes  No

Do you have a Cryotherapy chamber?

If yes, provide:

- 1. Name of the chamber manufacturer: \_\_\_\_\_
- 2. An explanation or copy of the staff training program: \_\_\_\_\_  
\_\_\_\_\_
- 3. How is the chamber operated? (i.e. controlled by member/guest or staff) \_\_\_\_\_
- 4. Is the chamber used for medical rehab or for on-demand type voluntary use? \_\_\_\_\_
- 5. Copy of waiver form being used for the chamber.



**R. FLOAT TANKS**

Do you have a Float Tank?  Yes  No

If yes, provide:

1. Name of the chamber manufacturer: \_\_\_\_\_
2. An explanation or copy of the staff training program: \_\_\_\_\_
3. How is the chamber operated? (i.e. controlled by member/guest or staff) \_\_\_\_\_
4. Is the chamber used for medical rehab or for on-demand type voluntary use? \_\_\_\_\_
5. Copy of waiver form being used for the chamber.

**S. 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

**T. 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)