GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Camp Questionnaire

This is a supplemental questionnaire; signed ACORD applications are required.

Name of Organization _____

Website address _____ FEIN _____

If your organization does not have a website, attach brochure and detailed description of daily activities of organization.

Is insured a non-profit? Yes ☐ No ☐

Years in business _____ Years under current management _____

A. General Operations & Facilities

1. Provide all applicable information:

Payroll _____ Number of employees _____

Number of volunteers _____ Projected revenue _____

Previous insurance carrier? _____

	Yes	No
Has there been a lapse in coverage?	☐	☐
2. Is your organization or any location operated by you licensed by any regulatory authority?	☐	☐

If yes, attach copies of all licenses and most recent inspection reports.

3. Please indicate if your organization provides programs or services pertaining to any of the following:

☐ Advanced science experiments	☐ Alternative sentencing, incarceration or lock-down programs
☐ Assistance with Activities of Daily Living (ADL) *(e.g. bathing, dressing, toileting, etc.)*	☐ Cannabis dispensing, storage, or permitted use *(medical or recreational)*
☐ Conversion therapy	☐ Drones or aircraft
☐ Fiscal sponsorship or insurance coverage to other entities	☐ Individuals with Alzheimer's or Dementia
☐ Individuals with severe mental illness *(e.g.bipolar, schizophrenia, paranoia,etc)*	☐ Individuals with suicidal or violent behavior
☐ Medical services *(e.g. skilled nursing, prescription of medications, etc.)*	☐ Sexual offenders or individuals with sexually abusive behavior
☐ Sports camp or extreme physical challenges	☐ Weight Loss
☐ **None of the above services or programs are applicable**	

If yes to any listed above, describe:

	Yes	No
4. Does your organization utilize chemical or physical restraint or confinement techniques?	☐	☐
5. Please provide the following property information:		
a. Make and manufacturer of electrical panel and breakers _____		
b. Is all electrical wiring connected to functional and operational circuit breakers?	☐	☐
c. Does your facility have aluminum wiring?	☐	☐
d. Does the electrical have knob and tube wiring?	☐	☐
e. Who complets your electrical repairs? ☐ Licensed electrician ☐ Volunteer ☐ Other _____		
6. Does your organization have any outdoor playground equipment?	☐	☐
a. **If yes**, was all equipment commercially manufactured?	☐	☐

A. General Operations & Facilities *Continued*

		Yes	No
b.	Was all equipment installed by an insured contractor?	☐	☐
c.	Does all equipment have signage indicating recommended age for safe use?	☐	☐
d.	Is the outdoor equipment gated including a self-closing mechanism?	☐	☐

e. How frequently is the playground inspected for safety? ☐ Weekly ☐ Monthly ☐ Quarterly Other_____

f. Please indicate the surface installed under the playground equipment: _____

g.	If loose-fill material, is it regularly monitored for correct depth and replenished as needed? ☐ **NA**	☐	☐
h.	Would you like property coverage for any playground equipment?	☐	☐

If yes, describe type of property or equipment, the location and the value below.

7.	Does your organization have any other outdoor property *(paved surfaces, sports fields, fences, equipment, etc.)*?	☐	☐

If yes and you would like property coverage for other outdoor property, describe the type of property, the location and the value below. If additional space is needed, provide an attachment or list the property on the property ACORD application.

8.	Does your organization have any solar panels?	☐	☐

Kilowatt (kW): _____ Number of panels_____ Age of panels _____

9.	Does your organization have any air-supported or tension supported buildings?	☐	☐

If yes, please advise address _____

Age of building _____ Manufacturer_____

10.	Is the use of portable heaters prohibited?	☐	☐

If no, describe the type of heater(s) in use and safety controls _____

11.	Does your organization operate commercial cooking equipment?	☐	☐

If yes, describe type and safety controls:

12. Indicate all protective systems:

☐ **Sprinklers:**

If not 100%, indicate areas that are equipped with functioning sprinklers _____

	Are all sprinkler heads either recessed or protected by sprinkler head guards?	☐	☐

☐ **Smoke detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up

☐ **Carbon monoxide detectors:** ☐ Battery operated ☐ Hard wired ☐ Hard wired with battery back-up

13. What security measures are in place? *(Check all that apply)*

☐ Electronic locks ☐ Automated Access System ☐ Alarmed doors ☐ Security cameras

☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills

14.	Does your organization have security guards for regular operations?	☐	☐

If yes,

a. Are security personnel: ☐ Employed ☐ Volunteer ☐ Contracted Third Party ☐ On-Duty Police Officers

☐ Off-Duty Police Officers ☐ Other_____

**If contracted, provide copy of contract.*

b. Is security; ☐ Unarmed ☐ Armed: Describe weapons_____

c. Number of Security Personnel_____ Payroll *(or contract premium)* _____

A. General Operations & Facilities *Continued*

		Yes	No
	d. Additional security comments _____		
15.	Are firearms or any other weapons permitted on premises *(by employees, volunteers, clients, customers, etc.)*?	☐	☐
	If no, are signs posted at entrances to inform visitors of the no firearms allowed policy?	☐	☐
	If yes, provide copy of policy/procedures.		
16.	Does your organization have any plans for renovations or new construction during the next 2 yrs?	☐	☐
	If yes, describe _____		
17.	Does your organization have any buildings that are more than 25% vacant, unoccupied *(including temporarily)* or for sale?	☐	☐
	If yes, provide address of building(s)_____		
18.	Does your organization accept donations of vehicles of any type?	☐	☐
	If yes,		
	a. Does the organization take physical possession of hte vehicle?	☐	☐
	b. Does the organization take registration or the vehicle?	☐	☐
	c. How are vehicles used? *(multiple check box options response type to include)* Used in daily operations of organization, Sold directly yo the public as a fundraiser, Vehicle is titled to an independent broker; when sold, profits are returned to the organization	☐	☐
	d. How many vehicles do you receive in an average year?_____		
19.	Does your organization create your own advertising, brochures, pamphlets, websites, or other materials using photographs taken by you or someone in your organization?	☐	☐
	If yes,		
	a. Do you always obtain written waivers that specifically release your organization from all liability arising from Personal or Advertising Injury, prior to using the likeness of others *(e.g. pictures)* or prior to using the work product of others?	☐	☐
	b. Do you contract with a third party for creation or legal review of any materials?	☐	☐

B. Management Practices

☐ **Not Applicable**

		Yes	No
1.	Does your organization have a risk manager on staff?	☐	☐
	Name:_____ Title: _____		
	Email: _____ Phone: _____		

2. Indicate all employee and/or volunteer screening controls utilized by your organization	Employees ☐ No Employees		Volunteers ☐ No Volunteers	
	Yes	**No**	**Yes**	**No**
a. Signed applications and photo identification required	☐	☐	☐	☐
b. Personal interviews conducted	☐	☐	☐	☐
c. Personal references verified	☐	☐	☐	☐
d. Minimum 5 years of employment verified	☐	☐	☐	☐

Explain any **NO** response: _____

3. Indicate all employee *(and/or volunteer)* background checks utilized by your organization				
a. Name check – state level	☐	☐	☐	☐
b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
c. 10-digit fingerprint check - State level	☐	☐	☐	☐
d. 10-digit FBI fingerprint check - National level	☐	☐	☐	☐

B. Management Practices *Continued*

		Yes	No
e.	Description of other screening methods:		
	Explain any **NO** response: _____		
4.	Do applications contain a notice that a criminal background check may be run on all candidates?	☐	☐
a.	**If yes**, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	☐	☐
5.	Does your organization allow volunteers under the age of 18?	☐	☐
	If yes,		
a.	Is a Parent or Guardian required to sign a volunteer waiver and release for those under the age of 18?	☐	☐
b.	Is a Parent or Guardian required to be present with underage volunteers during volunteer duties?	☐	☐
6.	Are all screening controls and background clearance controls completed prior to:		
a.	Hiring employee or accepting volunteer?	☐	☐
	Explain any NO responses		
7.	How long are incident reports for injuries and documentation of actions taken retained? ☐ Number of years: _____ ☐ Permanently		

If crime coverage is requested, complete the applicable ACORD application to include all hiring practices.

C. Organizations in Business Less than 3 Years ☐ Not Applicable

Complete this section if your organization has not been in business at least 3 years.

Please provide current budget including sources & amount of funding or revenue and total projected expenses for the current fiscal year:

Attach copies of business plan and executive staff résumés.

D. Physical and Sexual Abuse Liability ☐ Not Applicable

		Yes	No
1.	Does your organization have a risk manager on staff?	☐	☐
	If yes, do the policies:		
a.	Communicate a Zero-tolerance approach to inappropriate behaviors	☐	☐
b.	Define appropriate and inappropriate behaviors	☐	☐
c.	Communicate the organization will investigate and cooperate with law enforcement	☐	☐
2.	Does your organization require that employees sign that they have read the organization's written abuse policies and retain the record?	☐	☐
3.	Does your organization enforce the 3-person rule? *This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.*	☐	☐
	If no, explain and include details on controls in place:		
4.	How does your organization monitor client areas? ☐ Surveillance Cameras ☐ Live Stream Cameras ☐ Closed circuit monitors ☐ Staff tours / detours ☐ Office windows ☐ Doors with windows ☐ Not applicable ☐ Other: _____		
5.	Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?	☐	☐
	If yes, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?	☐	☐

D. Physical and Sexual Abuse Liability *Continued*

		Yes	No
6.	Does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)* prior to:		
	a. Employee or Volunteer contact with client?	☐	☐
	Explain any **NO** response: _____		
7.	How frequently does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)*? *Check all that apply*.		
	☐ Prior to hire ☐ Annually ☐ Biennially ☐ Not applicable ☐ Other: _____		
8.	Does your organization retain employee and volunteer records, including records of background checks?	☐	☐
	If yes, are records retained permanently?	☐	☐
9.	Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization or anyone working on behalf of your organization?	☐	☐
	If yes, explain:		
10.	Does your organization retain reports of situations, occurrences, and allegations of abuse and the actions taken?	☐	☐
	If yes, are records retained permanently?	☐	☐
11.	Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization retain the individual on staff?	☐	☐
	b. What corrective action is taken?		
12.	Does your organization have a procedure in place for when a child or client has an allegation or incident of misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
	If there is an allegation made,		
	a. Does your organization allow the individual to remain in the program?	☐	☐
	b. What additional controls are put in place?		

13. Indicate abuse or molestation prevention training provided:

	No Training Provided	Orientation Training Upon Hire / Affiliation	Annual Awareness Training Provided	Is training documented and retained? Yes	No
Employees	☐	☐	☐	☐	☐
Volunteers	☐	☐	☐	☐	☐
Other: _____	☐	☐	☐	☐	☐

14.	Is your organization considered a “Mandated Reporter” by regulatory authorities?		☐	☐
15.	Does your organization work with Praesidium for abuse risk management?	☐ **Not Applicable**	☐	☐
16.	Are you contractually obligated to carry abuse and molestation coverage?		☐	☐
	If yes, what limits are required by contract? _____			
	Please attach a copy of the contract.			
17.	Please add any further detail to clarify abuse controls or answers to the above.			

E. Professional Liability

☐ **Not Applicable**

1. List number of employees *(full or part-time)*, volunteers and contractors by position:

☐ Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Teachers, daycare workers			
Special education teachers			
Lifeguards			
Camp Counselors			
Nurses Practitioners (NP, APRN), Physician Assistants (PA) or others with authority to prescribe medication			
Nurses without authority to prescribe medication			
Medical doctors, Dentists, Psychiatrists, or others with specialty medical degrees			
Other degreed professionals *(Describe degree level and position):* _____			

Please describe the responsibilities of any medical staff:

		Yes	No
2.	Of the employees, volunteers and contractors listed above, do any carry their own professional liability or medical malpractice liability insurance?	☐	☐
	If yes, are procedures in place to verify current insurance is maintained at all times?	☐	☐
3.	Does your organization maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?	☐	☐
	If yes, are procedures in place to verify current licenses and/or certifications are maintained?	☐	☐
4.	Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	☐	☐
5.	Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
6.	Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
7.	Is your organization aware of any situations or circumstances in the last five years *(including lawsuits)* that may result in a professional claim made against your organization or any individual covered by this policy?	☐	☐

If yes, please provide details.

F. Hired and Non-Owned Auto

		Yes	No
1.	Does your organization spend more than $2,500 on vehicle rentals per year? ☐ **Not Applicable**	☐	☐
	If yes, annual cost: $ _____		
	a. Are the vehicles leased with a driver *(chartered)*?	☐	☐
	b. Please describe the types of vehicles _____		
2.	Does your organization contract with a third-party bus contractor to transport clients?	☐	☐
	If yes,		
	a. Does your organization require a certificate of insurance from the bus contractor?	☐	☐
	b. Is your organization named as an additional insured on the bus contractor's insurance policy?	☐	☐
	c. Does the contract contain hold harmless and/ or indemnification wording in your organization's favor?	☐	☐

F. Hired and Non-Owned Auto *Continued*

	Yes	No
3. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____ ☐ **Not Applicable**		
a. Indicate type of usage *(select all that apply and provide description)*:		
☐ Errands: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
☐ Delivery of meals or property: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
☐ Delivery of meals or property: ☐ Daily or ☐ Weekly Average Number of trips per week _____		
**If transportation of others is provided, respond to Question #4 in the Owned Auto section.*		
b. Does your organization require proof of personal auto insurance annually?	☐	☐
c. Does your organization require at least 100,000 personal auto policy limits?	☐	☐
4. Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
5. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if		
a. Driver has more than 2 moving violations/accidents within past three years?	☐	☐
b. Driver has a major violation in last 5 years (driving while intoxicated, reckless driving, leaving the scene, etc.)?	☐	☐
c. Driver has a suspended, expired, or revoked license?	☐	☐
6. Does your organization have a distracted driver policy in place for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
If yes, how is it enforced _____		
7. Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* for all drivers while driving for business purposes?	☐	☐

G. Owned Auto

☐ **Not Applicable**

	Yes	No
1. Are all autos submitted for coverage titled to the organization?	☐	☐
If no, describe which autos are not titled to the organization and list the titled owner _____		
2. Please indicate the types of vehicles used by your organization *(select all applicable)*		
☐ Owned _____ ☐ Long-term Leased _____		
3. Does your organization lease or loan owned vehicles out to other entities?	☐	☐
4. Does your organization provide transportation to any clients, employees, or the general public?	☐	☐
If yes, describe services _____		
a. Are strict routes and timetables enforced?	☐	☐
b. When transporting passengers younger than 18 years of age, are 2 adults present?	☐	☐
c. Is your organization following all applicable state and federal licensing laws?	☐	☐
d. Does your organization maintain driver files on CDL licensed drivers?	☐	☐
e. Do any autos have wheelchair lifts?	☐	☐
f. How many 12-15 passenger vans are owned? _____		
5. What types of driver training does your organization provide for drivers?		
Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other _____		
Training Topics: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van ☐ Weather-Related ☐ Wheelchair lifts ☐ Other _____		
Training Frequency: ☐ At time of hire ☐ Monthly ☐ Semi-annually ☐ Annually ☐ Randomly *(as needed)* ☐ Other _____		

G. Owned Auto *Continued*

		Yes	No
6.	Does your organization have a dashboard camera installed in all owned vehicles?	☐	☐
	If yes, please indicate the type(s): ☐ Forward facing ☐ Rear cameras		
7.	Does your organization utilize telematics?	☐	☐
	a. **If yes**, on how many vehicles?_____		
	b. Who is the telematics provider? _____		
	c. What types of telematics programs are utilized?		
	☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ Other _____		

H. Camps

☐ **Not Applicable**

1. Complete the chart below. If additional space is required, provide information on an attachment.
**Count each registrant as one attendee.*

Program Type	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Number of Attendees per Day					
Number of Days					

2. Number of campers in each age range Under 12 _____ 9-17 _____ 15-18 _____ Over age 18 _____

3. Total number of: Adult Counselors _____ Youth Counselors _____

4. Please describe frequency of counselor training _____

5. Please indicate your accreditations and next renewal date:

☐ American Camping Association (ACA) Date _____

☐ Certified Horsemanship Association (CHA) Date _____

☐ Other_____ Date _____

		Yes	No
6.	Does your organization provide accident insurance for campers?	☐	☐
	If yes, a. Insurance company name _____		
	Policy number_____		
	b. Policy period _____ Limits _____		
	c. Accident insurance: ☐ applies to all members or clients ☐ is optional, at member or clients' expense		
7.	Are waivers in place for all campers?	☐	☐
8.	Are drop off/pick-up procedures in place?	☐	☐
9.	Are visitor check-in/check-out procedures in place?	☐	☐
10.	Is a medical history kept on file for each camper?	☐	☐
11.	Are prescription medication procedures in place *(inclusive of proper storage and authorized dispensing instructions)*?	☐	☐
12.	Are food allergy procedures in place?	☐	☐
13.	Is food properly stored and served according to government requirements?	☐	☐
14.	Does program policy allow the use of corporal punishment?	☐	☐
	If yes, provide policies and procedures.		
	If no, is there a formal, written policy prohibiting the use of corporal punishment?	☐	☐
15.	Does your organization require at least one CPR and First Aid certified employee to be on duty at all times?	☐	☐
16.	Does your organization have automatic external defibrillators (AED)?	☐	☐
	If yes,		

H. Camps *Continued*

		Yes	No
a.	Are they maintained according to manufacturer recommendations?	☐	☐
b.	Is proper training provided to staff?	☐	☐
c.	Are they easily accessible?	☐	☐
17.	Are written medical emergency and evacuation procedures in place?	☐	☐
18.	Does your property have any unique features?	☐	☐

☐ Decks ☐ Docks ☐ Footbridge ☐ Waterways ☐ Bridge ☐ Dam
☐ Marina ☐ Fuel Tank ☐ Other *(describe)* _____

19.	Is the property located in an area prone to brush or wildfires?	☐	☐
	If yes, please describe risk management controls in place to reduce burn exposure?	☐	☐
20.	Does your organization have written procedures to utilize an alternate water source and an automatic pump for fire suppression?	☐	☐
a.	**If yes**, is the system and pump tested annually?	☐	☐
b.	Please describe the water source _____		
21.	Does the local fire department or forest service conduct an annual inspection?	☐	☐
22.	When is the last time the local fire department and/or forest service visited the camp? Date _____	☐ **Never**	
23.	Is the campground open seasonally *(closed during off-season)*?	☐	☐
	If yes,		
a.	Does a caretaker live on the camp premises year-round?	☐	☐
b.	Water turned off at the source and drained from internal pipes of buildings not in use?	☐	☐
c.	Which utilities remain on during off-season? _____		
d.	How often is camp inspected during the off-season? _____		
24.	Number of times a year your premises is rented, either for a fee or at no cost? _____	☐ **Not Applicable**	
a.	Are all renters required to sign a written rental contract?	☐	☐
b.	Does your rental contract contain "hold harmless" clause in your favor?	☐	☐
c.	Does your contract require you to be named as Additional Insured on the renter's insurance policy?	☐	☐
d.	Does agreement make the renter responsible for security during rental period?	☐	☐
e.	Does your organization permit renters to sell, serve or furnish alcohol on premises?	☐	☐
i.	**If yes**, do you require controls for this exposure in your rental contract terms *(training for servers, COI from caterer, etc.)*?	☐	☐
ii.	**If no**, does the rental agreement stipulate no alcohol permitted on premises?	☐	☐
f.	Is there a staff member on site and available for questions during rental?	☐	☐

I. Recreational Activities

☐ **Not Applicable**

		Yes	No
1.	Are any equestrian, horseback, or activities utilizing horses offered?	☐	☐
	If yes,		
a.	Number of horses owned? _____ Number of horses leased? _____		
	Number of participants/riders? _____ Number of contracted wranglers? _____		
	Number of employed wranglers? _____		

I. Recreational Activities *Continued*

		Yes	No
	Describe riding activities and the locations where the riding occurs *(arena, trail, etc.)*:		
b.	Is riding restricted to an arena or enclosed area?	☐	☐
c.	Is riding offered on trails?	☐	☐
i.	Are riders led and trailed by a staff member?	☐	☐
ii.	Is each rider paired with a partnered guide?	☐	☐
iii.	If horses are leased, are they brought on premise several weeks in advance to become familiar with trails? ☐ **Not Applicable**	☐	☐
d.	Is jumping and racing prohibited?	☐	☐
e.	Are all riders required to wear riding helmets, appropriate clothing and shoes?	☐	☐
f.	Are your programs or professionals certified with Certified Horsemanship Association (CHA)?	☐	☐
2.	Does your organization own or manage trails or nature paths?	☐	☐
a.	**If yes**, how frequently are trails inspected and cleared? _____		
b.	Are inspection and maintenance logs maintained?	☐	☐
c.	Is there posted signage regarding degree of difficulty?	☐	☐
d.	Are bikes, motor-bikes, or ATV's permitted on trails or paths?	☐	☐
	If yes,	☐	☐
i.	Are all trail grades verified to have less than 15% grade?	☐	☐
ii.	Are there any paths with steep drops or obstacles requiring aerial maneuvers?	☐	☐
3.	Does your organization offer archery, riflery or airsoft activities?	☐	☐
	If yes,		
a.	Describe the ammunition type _____		
b.	How does your organization secure ammunition and weaponry when not in use _____		
c.	Number of participants annually _____		
	Describe age range of participants _____		
d.	Participant to supervising staff ratio _____		
e.	Does your organization provide all weaponry ammunition for participants?	☐	☐
f.	Are weapons inspected to ensure proper working order prior to each use?	☐	☐
g.	Are all participants required to wear safety equipment *(eye protection for archery and both ear and eye protection for firearms)?*	☐	☐
h.	Is appropriate safety training provided before handling any weaponry?	☐	☐
i.	Is a certified range safety officer *(Archery USA or NRA certification)* present at all times?	☐	☐
j.	Does your organization own or manage the range?	☐	☐
ii.	**If yes**, is the range outdoor?	☐	☐
iii.	Number of lanes? _____		
iv.	Are your ranges specifically designed so that the ammunition can't be dispersed beyond the range?	☐	☐
v.	Are third parties permitted to use the range?	☐	☐

I. Recreational Activities *Continued*

		Yes	No
4.	Does your organization own or operate any obstacle, challenge, or ropes courses, ziplines or giant swings?	☐	☐
	If yes,		
	a. Number of elements _____ Height of elements _____ Number of participants annually _____		
	b. Describe the element or course, including location and frequency of use. Include photos.		
	c. Was course designed, built, and inspected by an PRCA *(Professional Ropes Course Association) or ACCT (Association for Challenge Course Technology)* Professional Vendor Member?	☐	☐
	If no, explain:		
	d. Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT? **Please provide a copy of your last inspection including your response to any indicated failures.*	☐	☐
	e. Is the course, line, or swing secured and inaccessible when unsupervised?	☐	☐
	f. How frequently does head of staff go for training and recertification? ☐ Annually ☐ Bi-annually ☐ Other _____		
	g. Are all participants required to wear a helmet?	☐	☐
	h. Is all safety equipment inspected prior to every use?	☐	☐
5.	Does your organization offer climbing activities?	☐	☐
	a. Climbing is: ☐ Indoors ☐ Outdoors		
	b. Type of Climbing: ☐ Bouldering ☐ Top Rope ☐ Lead Climbing		
	c. Maximum Climbing Height _____ feet		
	d. Is a minimum age or minimum/maximum weight for belayers specified?	☐	☐
	If yes, _____ years _____ pounds		
	e. Is climbing activity limited to a wall or tower?	☐	☐
	f. If a climbing wall or tower is utilized, who designed/constructed/installed the climbing wall or tower? ☐ Employees ☐ Volunteers ☐ Third Party Contractor		
	g. Has your facility had climbing-related injuries requiring treatment beyond first aid in the past three years?	☐	☐
	If yes, describe each: _____		
	h. Is climbing supervised by a competent person who has documented experience and education in the facilities and equipment operated?	☐	☐
	i. Are facility users oriented to the facilities and evaluated for their climbing abilities and experience, and is their use of facilities limited to the type of climbing they can perform safely?	☐	☐
	j. Are lead climbers always required to climb using fall protection?	☐	☐
	If no, describe circumstances when they are not required to use fall protection:		
	k. Are mats or other impact-attenuating surfaces underneath climbing walls or towers in accordance with the recommendations of the manufacturer or other recognized standards?	☐	☐
	If yes, describe: _____		
	l. Are regular inspections of all climbing wall components and PPE completed in accordance with the specifications of the manufacturer / designer, and is documentation maintained?	☐	☐
	If yes, who performs inspections? ☐ Employees ☐ Volunteers ☐ Third Party Contractor		

I. Recreational Activities *Continued*

		Yes	No
m.	Are components serviced, repaired or replaced as needed based on the findings of regular inspections by a qualified person?	☐	☐
	If yes, who performs forms maintenance and repairs? ☐ Employees ☐ Volunteers ☐ Third Party Contractor		
	If employees or volunteers, specify what tasks they perform and their qualifications:		
n.	Are staff trained in first aid procedures, and is appropriate first aid and emergency response equipment readily available and maintained at the facility?	☐	☐
o.	If applicable, are staff trained in rescue and/or retrieval procedures, and is equipment necessary to perform a rescue readily available? ☐ **Not Applicable**	☐	☐
p.	Are agreements, consent forms, waivers, etc. required for all users, and are these regularly reviewed by counsel?	☐	☐
q.	Are rules, regulations, and emergency procedures conspicuously posted in the activity area?	☐	☐
r.	Is the activity area locked and secured to prevent use, and is access restricted when not in use?	☐	☐
s.	Are detailed records maintained regarding the design and installation of the manufactured climbing wall *(e.g., design specifications, component details, purchase orders or sales documents, inspection and maintenance specifications, repair instructions if applicable, designer/installer information including insurance documentation, etc.)*?	☐	☐
t.	Are documented inspections of all climbing wall components and PPE completed regularly in accordance with the specifications of the manufacturer / designer, and is documentation maintained?	☐	☐

6. Please indicate any additional recreational activities offered at any location:

☐	Baseball or Softball	☐	Inflatable Devices *(Bouncers, etc.)*	☐	Snow skiing or Snowboarding
☐	Basketball	☐	Lacrosse	☐	Soccer
☐	Football – flag	☐	Motorized Vehicles *(ATVs, motorcycles)*	☐	Trampolines, mini trampolines
☐	Football – tackle	☐	Paintball	☐	Volleyball
☐	Gymnastics	☐	Parkour	☐	Wilderness trips
☐	Hockey - Ice, Street, Roller or Field	☐	Rollerblading, skating, skateboarding	☐	Other_____

Describe in detail the safety controls in place for the indicated recreational activity.

		Yes	No
7.	Does your organization provide any swimming, diving, boating, or other water recreation activities?	☐	☐
	If yes, complete the Pools and Water Recreation section below.		

J. Pool and Water Recreation ☐ Not Applicable

		Yes	No
1.	Does your organization own, lease, or operate any swimming pools?	☐	☐
	If yes,		
a.	Number of pools on your premises: _____		
b.	Does your organization test to identify swimmers and non-swimmers?	☐	☐
c.	Are pool rules posted?	☐	☐
	If yes, do the rules include:		
	a. Minors must be accompanied by an adult	☐	☐
	b. No diving from pool deck	☐	☐
	c. No breath holding competitions	☐	☐
d.	Are trained lifeguards present during all pool hours?	☐	☐

J. Pool and Water Recreation *Continued*

	Yes	No
If yes,		
a. Please describe how lifeguards are trained: _____		
If no,		
a. Does your organization post signage to indicate:		
i. Pool Hours	☐	☐
ii. No life guard on duty; swim at your own risk	☐	☐
iii. No children permitted without adult supervision	☐	☐
b. Is pool access restricted to those with keycard access?	☐	☐

e. If pool is leased, who employs the staff and lifeguards? ☐ **Not Applicable** _____

f. Provide information on all pools below. If more than 3 pools, please provide information on an attachment

Pool Information	**Pool 1**	**Pool 2**	**Pool 3**
Pool Location			
Pool Size and Description			
Indicate number of drains			
Indicate shallow-end depth			
Indicate deep-end depth			
Where is depth indicated *(e.g. Pool deck, Bottom, Both, Other)*			
Number of depth markings around the pool?			
Number of Diving Boards And Height of Diving Boards	☐ NA ☐ NA	☐ NA ☐ NA	☐ NA ☐ NA
	Yes **No**	**Yes** **No**	**Yes** **No**
Enclosed by "child proof" gate?	☐ ☐	☐ ☐	☐ ☐
Slip resistant surfacing on pool deck?	☐ ☐	☐ ☐	☐ ☐
Pool chemicals kept in a dry, ventilated, locked storage area?	☐ ☐	☐ ☐	☐ ☐
Does pool have a pump safety shutoff?	☐ ☐	☐ ☐	☐ ☐
Is pool anti-entrapment equipped?	☐ ☐	☐ ☐	☐ ☐
Number of certified lifeguards on duty?			
If any, Indicate lifeguard station location(s):			
Safety equipment easily accessible within the pool area *(i.e. hooks, life preservers, kick boards)*?	☐ ☐	☐ ☐	☐ ☐
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	☐ ☐	☐ ☐	☐ ☐
Is the pool indoor?	☐ ☐	☐ ☐	☐ ☐
Are there suspended ceilings above pool?	☐ ☐	☐ ☐	☐ ☐
Are ceilings inspected by outside contractor?	☐ ☐	☐ ☐	☐ ☐
Date of last inspection:			

2. If diving boards or platforms are present, ☐ **Not Applicable**	Yes	No
a. Are there any high flex boards?	☐	☐
b. Are board entrances secured when not in use?	☐	☐

J. Pool and Water Recreation *Continued*	Yes	No
c. Describe how access is restricted? _____		
d. Are diving boards equipped with slip resistant surfacing?	☐	☐
e. Are all ladders/stairs equipped with slip resistant rubber mats and handrails?	☐	☐
3. Does your organization own or operate any hot tubs or whirlpools?	☐	☐
If yes, number of hot tubs and whirlpools _____		
a. Do all hot tubs or whirlpools have at least 2 drains?	☐	☐
b. Is there a clearly marked emergency pump shutoff switch nearby?	☐	☐
c. Are temperatures always kept at 104° or less?	☐	☐
d. Operated on an automatic timer?	☐	☐
e. Are unsupervised minors prohibited?	☐	☐
f. Are rules posted?	☐	☐
g. Is hot tub or whirlpool equipped with anti-entrapment drain covers or systems?	☐	☐
4. Does your organization own or operate any saunas?	☐	☐
If yes,		
a. Number of saunas _____		
b. Are temperatures monitored?	☐	☐
c. Does Sauna have sprinklers inside?	☐	☐
d. Does sauna have an observation window?	☐	☐
e. Are unsupervised minors prohibited?	☐	☐
f. Is the sauna regularly inspected to ensure safety *(i.e. condition of wood, etc.)*	☐	☐
g. Are sauna rules posted?	☐	☐
h. Indicate sauna location ☐ Pool deck ☐ Locker room ☐ Other _____		
5. Does your organization have any water park playground areas or splash pads?	☐	☐
If yes,		
a. Number of elements _____		
b. Is there stationed supervision?	☐	☐
c. Is the water playground or splash pad separated from pool areas?	☐	☐
d. Is the area enclosed?	☐	☐
e. Describe surfacing and playground elements _____		
6. Does your organization have water slides?	☐	☐
If yes,		
a. Number of slides _____		
b. Are slide entrances secured when not in use?	☐	☐
c. Describe how access is restricted _____		
d. Are all slides less than 10 ft in vertical height?	☐	☐
e. Are all slide ladders/stairs equipped with slip resistant rubber mats and hand rails?	☐	☐
f. Slide exit separate from main swimming or pool area?	☐	☐
g. Slide exit into water at least 4 ft deep?	☐	☐

J. Pool and Water Recreation *Continued*	Yes	No
h. Slide exit horizontal to the water and equal to or less than 18 inches from water?	☐	☐
i. Lifeguard dedicated to the slide exit?	☐	☐
7. Does the property use any "Brown Water" *(lakes, rivers)* for water recreation?	☐	☐
If yes,		
a. How are swimmers vs non-swimmers identified? _____		
b. Does your organization utilize alarming bands?	☐	☐
c. Are all non-swimmers required to wear Coast Guard approved life jackets?	☐	☐
8. Does your organization have water blobs or water trampolines?	☐	☐
If yes,		
a. Please describe the device and safety rules:		
b. Number of devices: _____		
c. Does your organization enforce a maximum weight difference of 25lbs per participants?	☐	☐
d. How many jumpers are permitted at one time? _____		
e. Are all participants required to wear US Coast Guard approved personal floatation devices (PFDs)?	☐	☐
f. Are two life guards required for supervision at all times?	☐	☐
g. Is access restricted when not in use?	☐	☐
h. Please describe how access is restricted? _____		
9. Does your organization offer boating activities?	☐	☐
If yes,		
a. Describe the activity and the water location where the activity is held _____		
b. Does your organization own or operate boats? ☐ Not Applicable or Number of motorless boats _____ number of motorboats _____		
c. Are all boaters required to wear Coast Guard approved life jackets?	☐	☐
d. Does your organization require safety and emergency instruction be reviewed prior to each trip activity?	☐	☐
e. Are boating and boating activities prohibited at night?	☐	☐
f. Are certifications required for motorboat operators?	☐	☐
If yes, who provides the Certification/training? _____		
10. Does your organization offer water skiing, wake boarding, knee boarding, water tubing, or similar towing activities?	☐	☐
If yes,		
a. Number of participants annually _____		
b. Number of individuals permitted on boat at one time _____		
c. Please describe tow speed controls_____		
d. Is a specified observer required to be present *(separate from the boat operator)*?	☐	☐
e. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets?	☐	☐
f. Is equipment maintained according to the manufacturer's specifications?	☐	☐
g. Is all equipment including the towlines *(handles, lines and connecting hooks)* inspected prior to each use?	☐	☐
h. Is towing activity restricted to only one line at a time?	☐	☐

J. Pool and Water Recreation *Continued*

	Yes	No
11. Does your organization offer whitewater boating or rafting activities?	☐	☐
If yes,		
a. Number of annual participants _____		
b. Number of boats / rafts_____ Number of trips contracted with third party providers_____		
c. Describe whitewater activities including river rating scale or class and number and ages of registrants		
d. Are all boats staffed by an experienced guide?	☐	☐
e. Is at least one member of the trip required to be skilled in life saving techniques?	☐	☐
f. Are all rafters required to wear a helmet and Coast Guard approved life jackets?	☐	☐
g. Is all equipment maintained according to the manufacturer's specifications?	☐	☐
h. Are all rafters trained on safety procedures?	☐	☐

12. Please indicate any additional water recreational activities offered at any location & number of participants annually ☐ **N/A**

☐ Canoeing participants _____ ☐ Snorkeling participants _____ ☐ Other _____

☐ Sailing participants_____ ☐ Surfing participants _____ ☐ Other _____

Provide details and describe the safety controls in place for the indicated activities

K. Special Events *(including sponsored or co-sponsored events or fundraisers)*

☐ **Not Applicable**

	Yes	No
1. Total number of events _____		
2. Does your organization work with local authorities for threat assessment prior to the event?	☐	☐

3. Complete chart below for each event. **If additional space is required, provide information on an attachment.**

Provide the following information:	**EVENT 1**	**EVENT 2**	**EVENT 3**
Name of event			
Date, time and location of event			
Total estimated attendance			
Gross sales from admissions	$	$	$
Gross sales from food or non-alcoholic beverage sales:	$	$	$
Other gross sales *(auction, raffles, gambling, etc.)*	$	$	$
	Yes ☐ **No** ☐	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
Annual event?			
Has any claim or incident ever arisen out of this event?	☐ ☐	☐ ☐	☐ ☐
Emergency medical personnel present?	☐ ☐	☐ ☐	☐ ☐
Security personnel present?	☐ ☐	☐ ☐	☐ ☐
Activities at event *(use applicable activity code(s) from list below):*			

Activity Codes *(for use above)*

A. Golf outing	F. Fashion or Art Show	K. Fireworks sales or show
B. Wine tasting	G. Bingo or Poker	L. Haunted house or trail
C. Dinner, gala or picnic	H. Aircraft *(motorized or not)*	M. Inflatable devices
D. Auction	I. Animals	N. Other_____
E. House or garden tour	J. Athletic participation	O. Other_____

K. Special Events *Continued*

4. Describe all concerts *(music types)* and event venues: ☐ **Not Applicable**

5. Describe all amusement devises and controls in place: ☐ **Not Applicable**

6. Describe all motorized vehicles or motorized equipment: ☐ **Not Applicable**

7. If security personal present, please indicate who provides security and whether they are armed or unarmed: ☐ **Not Applicable**
   ☐ Employees ☐ Volunteers ☐ Contracted Third Party ☐ On-Duty Police ☐ Off-Duty Police
   ☐ Unarmed ☐ Armed

8. If event includes a parade, please provide the following details: ☐ **Not Applicable**
   Level of activity: ☐ Participation Only ☐ Sponsor Or Co-Sponsor

		Yes	No
a.	Number of: floats _____ horses _____ participants _____		
b.	Are certificates of insurance, with $1,000,000 liability limits, required from all participants	☐	☐
9.	Are any event activities provided by a third party?	☐	☐
	If yes,		
a.	Is a contract in place that includes an insurance requirement and a hold harmless agreement in your organization's favor?	☐	☐
b.	Is a certificate of insurance required from the third party?	☐	☐

10. If Liquor or Alcohol is Served or Sold ☐ **Not Applicable**

Gross annual alcohol sales_____

Type of alcohol? ☐ Beer only ☐ Beer and wine only ☐ Beer, wine and/or liquor

Type of license obtained for sale of alcohol:
☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party

	Are any employees or volunteers of your organization responsible for serving alcohol?	☐	☐

What alcohol dispensing controls are in place?

☐ Formal server training (TIPS/TAPS) ☐ Limited # of drink tickets _____ ☐ ID check prior to admission
☐ Wrist bands identifying >21 ☐ ID checked at purchase

L. Cyber Suite ☐ Not Applicable

		Yes	No
1.	Total number of Employees _____ Number of Total Records _____		
2.	Have you, at any time during the past 36 months, experienced a cyber incident *(hacking, intrusion, malware infection, fraud loss, breach of personal information, extortion, etc.)* that cost you more than $10,000 or experienced a lawsuit or other formal dispute *(with either a private party or government agency)* arising from a cyber incident?	☐	☐
3.	Do you use up-to-date anti-virus and anti-malware protection on all of your endpoints *(desktop, laptops, servers, etc.)*?	☐	☐
4.	Are all of your internet access points secured by firewalls?	☐	☐
5.	Do you restrict employees' and external users' IT systems privilege and access to personal information on a business-need-to-know basis?	☐	☐

L. Cyber Suite *Continued*

		Yes	No
6.	Do you perform backups of business critical data on at least a weekly basis?	☐	☐
7.	Do you encrypt all of your mobile devices *(laptops, flash drives, mobile phones, etc.)* and confidential data?	☐	☐

Completed by _____ Title _____

Signature _____ Email _____

Date Completed _____

Fraud Warning Statement

This Statement is provided to you with the insurance application that you are filing. READ the applicable Fraud Warning Statement for the state in which your application is being made before executing and submitting the attached document to the insurer or your insurance agent.

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.