



# Camp Questionnaire

Name of Organization \_\_\_\_\_

Website address \_\_\_\_\_ FEIN \_\_\_\_\_

*If you do 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 \_\_\_\_\_

Completed by \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

Date Completed \_\_\_\_\_

## A. General Operations & Facilities

**Yes** **No**

<p>1. Provide all applicable information:</p> <p>Payroll _____ Number of employees _____</p> <p>Number of volunteers _____ Projected revenue _____</p> <p>Previous insurance carrier? _____</p> <p>Has there been a lapse in coverage? <input type="checkbox"/> <input type="checkbox"/></p>																			
<p>2. Does your organization provide accident insurance for campers? <input type="checkbox"/> <input type="checkbox"/></p> <p><b>If yes,</b> a. Insurance company name _____</p> <p>Policy number _____</p> <p>b. Policy period _____ Limits _____</p> <p>c. Accident insurance: <input type="checkbox"/> applies to all members or clients</p> <p><input type="checkbox"/> is optional, at member or clients' expense</p>																			
<p>3. Is your organization or any location operated by you licensed by any regulatory authority? <input type="checkbox"/> <input type="checkbox"/></p> <p><b>If yes,</b> attach copies of all licenses and most recent inspection reports.</p>																			
<p>4. Please indicate if your organization provides programs or services pertaining to any of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> Advanced science experiments</td> <td><input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs</td> </tr> <tr> <td><input type="checkbox"/> Assistance with Activities of Daily Living (ADL) (e.g. bathing, dressing, toileting, etc.)</td> <td><input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational)</td> </tr> <tr> <td><input type="checkbox"/> Conversion therapy</td> <td><input type="checkbox"/> Drones or aircraft</td> </tr> <tr> <td><input type="checkbox"/> Fiscal sponsorship or insurance coverage to other entities</td> <td><input type="checkbox"/> Individuals with Alzheimer's or Dementia</td> </tr> <tr> <td><input type="checkbox"/> Individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.)</td> <td><input type="checkbox"/> Individuals with suicidal or violent behavior</td> </tr> <tr> <td><input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.)</td> <td><input type="checkbox"/> Sexual offenders or individuals with sexually abusive behavior</td> </tr> <tr> <td><input type="checkbox"/> Sports camp or extreme physical challenges</td> <td><input type="checkbox"/> Weight Loss</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> <b>None of the above services or programs are applicable</b></td> </tr> </table> <p><b>If yes to any listed above,</b> describe:</p>	<input type="checkbox"/> Advanced science experiments	<input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs	<input type="checkbox"/> Assistance with Activities of Daily Living (ADL) (e.g. bathing, dressing, toileting, etc.)	<input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational)	<input type="checkbox"/> Conversion therapy	<input type="checkbox"/> Drones or aircraft	<input type="checkbox"/> Fiscal sponsorship or insurance coverage to other entities	<input type="checkbox"/> Individuals with Alzheimer's or Dementia	<input type="checkbox"/> Individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.)	<input type="checkbox"/> Individuals with suicidal or violent behavior	<input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.)	<input type="checkbox"/> Sexual offenders or individuals with sexually abusive behavior	<input type="checkbox"/> Sports camp or extreme physical challenges	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> <b>None of the above services or programs are applicable</b>				
<input type="checkbox"/> Advanced science experiments	<input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs																		
<input type="checkbox"/> Assistance with Activities of Daily Living (ADL) (e.g. bathing, dressing, toileting, etc.)	<input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational)																		
<input type="checkbox"/> Conversion therapy	<input type="checkbox"/> Drones or aircraft																		
<input type="checkbox"/> Fiscal sponsorship or insurance coverage to other entities	<input type="checkbox"/> Individuals with Alzheimer's or Dementia																		
<input type="checkbox"/> Individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.)	<input type="checkbox"/> Individuals with suicidal or violent behavior																		
<input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.)	<input type="checkbox"/> Sexual offenders or individuals with sexually abusive behavior																		
<input type="checkbox"/> Sports camp or extreme physical challenges	<input type="checkbox"/> Weight Loss																		
<input type="checkbox"/> <b>None of the above services or programs are applicable</b>																			

**A. General Operations & Facilities Continued**

	Yes	No
5. Does your organization utilize chemical or physical restraint or confinement techniques?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have or permit animals (i.e.pets) to be on premises? If yes, please describe controls/procedures:	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your property have any unique features? <input type="checkbox"/> Decks <input type="checkbox"/> Docks <input type="checkbox"/> Footbridge <input type="checkbox"/> Waterways <input type="checkbox"/> Bridge <input type="checkbox"/> Dam <input type="checkbox"/> Marina <input type="checkbox"/> Fuel Tank <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any plans for renovations or new construction during the next 2 yrs? If yes, describe _____	<input type="checkbox"/>	<input type="checkbox"/>
10. What percentage of your building(s) is vacant, under renovation, unoccupied (including temporarily), or for sale? _____ <input type="checkbox"/> Not Applicable If applicable, provide address of building(s) _____		
11. 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?	<input type="checkbox"/>	<input type="checkbox"/>

**B. Management Practices**

	<input type="checkbox"/> Not Applicable			
	EMPLOYEES		VOLUNTEERS	
	No Employees	No Employees	No Volunteers	No Volunteers
	Yes	No	Yes	No
1. Indicate all employee and/or volunteer screening controls utilized by your organization.	<input type="checkbox"/>		<input type="checkbox"/>	
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted and personal references verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional licensing/certification verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Indicate all employee (and/or volunteer) background checks utilized by your organization	<input type="checkbox"/>		<input type="checkbox"/>	
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Name check – national level (e.g. using online vendor services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State level 10-digit fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. FBI fingerprint check regardless of time person has resided in the state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. FBI fingerprint check if person has resided in the state less than 5 consecutive years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other – please provide description:				

**B. Management Practices *Continued***

	Yes	No
3. Are all screening controls and background clearance controls completed prior to:		
a. Hiring employee or accepting volunteer?	<input type="checkbox"/>	<input type="checkbox"/>
b. Employee or volunteer contact with client?	<input type="checkbox"/>	<input type="checkbox"/>
Explain any <b>NO</b> responses:		
4. Do applications contain a notice that a criminal background check may be run on all candidates?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , does application advise applicant that they may be rejected or terminated based on an unacceptable background check?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you allow volunteers under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. Do you require a Parent or Guardian sign a volunteer waiver and release for those under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you require staff under the age of 18 to be supervised by an experienced adult employee?	<input type="checkbox"/>	<input type="checkbox"/>
6. How frequently does your organization run background checks?		
<input type="checkbox"/> Prior to Hire <input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Other _____		
7. How long does your organization retain employee and volunteer records, including records of background checks?		
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently		
8. Do you have a risk manager on staff?	<input type="checkbox"/>	<input type="checkbox"/>
9. How long do you retain incident reports for any injuries and documentation of actions taken?		
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently		

**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. Property**

**Not Applicable**

	Yes	No
1. Regarding electrical systems,		
a. Does your facility have aluminum wiring?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the electrical have knob and tube wiring?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have any outdoor paved surfaces ( <i>patios, sports courts, etc.</i> ) or other type of outdoor property or equipment ( <i>gates, fences, playground equipment, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
a. <b>If yes</b> , was all equipment manufactured by a commercial manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was all equipment installed by an insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the outdoor equipment gated including a self-closing mechanism?	<input type="checkbox"/>	<input type="checkbox"/>
d. How frequently is the playground inspected for safety? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Other _____		
e. Would you like property coverage for any paved surfaces, outdoor property or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , describe type of property or equipment, the location, and the value below, or list on the Acord Property application. _____		

**D. Property Continued**

	Yes	No
3. Do you have any solar panels? <b>If yes</b> , please advise kilowatt (kW): Number of panels _____ Age of panels _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any air-supported or tension supported buildings? If yes, please advise address _____ Age of building _____ Manufacturer _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Are portable heaters used in any buildings?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you operate commercial cooking equipment? <b>If yes</b> , describe type and safety controls:	<input type="checkbox"/>	<input type="checkbox"/>
7. Indicate all protective systems: <input type="checkbox"/> <b>Sprinklers:</b> If not 100%, indicate areas that are equipped with functioning sprinklers _____ Are all sprinkler heads either recessed or protected by sprinkler head guards?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Smoke detectors:</b> <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up		
<input type="checkbox"/> <b>Carbon monoxide detectors:</b> <input type="checkbox"/> Battery operated <input type="checkbox"/> Hard wired <input type="checkbox"/> Hard wired with battery back-up		
8. What security measures are in place at? <i>(Check all that apply)</i> <b>Building Systems</b> <input type="checkbox"/> Electronic locks <input type="checkbox"/> Automated Access Control System <input type="checkbox"/> Alarmed doors <input type="checkbox"/> Security cameras <input type="checkbox"/> Metal detectors <input type="checkbox"/> Emergency drills <b>Security</b> <input type="checkbox"/> Unarmed Private <input type="checkbox"/> Armed Private    Describe weapons _____ <input type="checkbox"/> On-Duty Police Officers <input type="checkbox"/> Off-Duty Police Officers <b>Type</b> <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Contracted <input type="checkbox"/> Other _____ Number of Security Personnel _____    Payroll (or contract premium) _____ <i>*If contracted, provide copy of contract.</i>		

**E. Camps**

Not Applicable

1. Program Type	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Attendees per Day					
Number of Days					
2. Number of campers in each age range _____	8 or younger _____	9-14 _____	15-18 _____	older than 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: <input type="checkbox"/> American Camping Association (ACA)    Date _____ <input type="checkbox"/> Certified Horsemanship Association (CHA)    Date _____ <input type="checkbox"/> Other _____    Date _____					
6. Are waivers in place for all campers? <i>*Please provide a copy</i>				<input type="checkbox"/>	<input type="checkbox"/>

**E. Camps Continued**

	Yes	No
7. Are drop off/pick-up procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are visitor check-in/check-out procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you keep a medical history on file for each camper?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are prescription medication procedures in place ( <i>inclusive of proper storage and authorized dispensing instructions</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are food allergy procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is food properly stored and served according to government requirements?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does program policy allow the use of corporal punishment? <b>If yes</b> , provide policies and procedures. <b>If no</b> , is there a formal, written policy prohibiting the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you require at least one CPR and First Aid certified employee to be on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have automatic external defibrillators (AED)? <b>If yes</b> ,	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you maintain them according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you provide proper training to staff?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are written medical emergency and evacuation procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the property located in an area prone to brush or wildfires? <b>If yes</b> , please describe risk management controls in place to reduce burn exposure?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have written procedures to utilize an alternate water source and an automatic pump for fire suppression? a. <b>If yes</b> , is the system and pump tested annually? b. Please describe the water source _____	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the local fire department or forest service conduct an annual inspection?	<input type="checkbox"/>	<input type="checkbox"/>
20. When is the last time the local fire department and/or forest service visited the camp? Date _____	<input type="checkbox"/>	<b>Never</b>
21. Is the campground open seasonally ( <i>closed during off-season</i> )? <b>If yes</b> ,	<input type="checkbox"/>	<input type="checkbox"/>
a. Does a caretaker live on the camp premises year-round?	<input type="checkbox"/>	<input type="checkbox"/>
b. Water turned off at the source and drained from internal pipes of buildings not in use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Which utilities remain on during off-season? _____		
d. How often is camp inspected during the off-season? _____		
22. Number of times a year your premises is rented, either for a fee or at no cost? _____ <input type="checkbox"/> <b>Not Applicable</b>		
a. Are all renters required to sign a written rental contract?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your rental contract contain "hold harmless" clause in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your contract require you to be named as Additional Insured on the renter's insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does agreement make the renter responsible for security during rental period?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you permit renters to sell, serve or furnish alcohol on premises?	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>If yes</b> , do you require controls for this exposure in your rental contract terms ( <i>training for servers, COI from caterer, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
ii. <b>If no</b> , does the rental agreement stipulate no alcohol permitted on premises?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a staff member on site and available for questions during rental?	<input type="checkbox"/>	<input type="checkbox"/>

**F. Abuse/Molestation Liability**

Not Applicable      **Yes**      **No**

1. Have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization?      

2. How long do you retain reports of allegations of abuse and the actions taken?  
 Number of years \_\_\_\_\_       Permanently

3. Are you aware of any incidents that could lead to a claim?         
**If yes, explain:**

4. Does your organization have written abuse policies?      

a. Mandated reporting policies      

b. Bullying

c. Boundaries and prohibition of personal relationships between staff and vulnerable clients outside of insured operations      

5. Do you conduct regular sex offender registry screening on all employees, independent contractors, and volunteers?         
**If yes, describe type and safety controls:**

6. Does your organization enforce the 3-person rule (*require at least 2 employees or volunteers be with campers at all times*), prohibiting all employees and volunteers from being alone with a camper, including during transportation?         
**If no explain:**

7. How does your organization monitor areas of 'perceived privacy' (*playgrounds, bathrooms, cabins, etc.*)?  
 \_\_\_\_\_

8. Indicate abuse or molestation prevention training provided

	None	Orientation		Formal training		Annual training		Training documented and retained		Number of years records are retained?
		Yes	No	Yes	No	Yes	No	Yes	No	
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**G. 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			
Health care professionals (e.g. NP, CNA, LPN, RN, etc.)			
Medical Doctor, Dentist, Psychiatrist			
Other degreed professionals (Describe degree level and position):			

Please describe the responsibilities of any medical staff:

- 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. Do you 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.

**H. Automobile Coverage** (If no scheduled autos, skip to question 6)

**Not Applicable**

**Yes** **No**

1. Are all autos submitted for coverage titled to the organization?    
 a. **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       Leased       Leased with a driver (or chartered)

**H. Automobile Coverage** (If no scheduled autos, skip to question 6) *Continued*

	Yes	No
3. What types of driver training do you provide your drivers?		
<b>Training Methods:</b> <input type="checkbox"/> Document Distribution <input type="checkbox"/> Classroom Training <input type="checkbox"/> Road Testing <input type="checkbox"/> Other _____		
<b>Training Types:</b> <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Distracted Driving <input type="checkbox"/> Passenger Van Training <input type="checkbox"/> Wheelchair lift training <input type="checkbox"/> Wheelchair lift training <input type="checkbox"/> Other _____		
4. Do you utilize telematics (GPS navigation, hands-free cell phone, automatic driving assistance)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , on how many vehicles? _____		
5. Do you provide transportation to any campers or employees?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , describe services:		
a. Are strict routes and timetables enforced?	<input type="checkbox"/>	<input type="checkbox"/>
b. When transporting passengers younger than 18 years of age, are 2 adults present?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you following all applicable state and federal licensing laws?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you maintain driver files on CDL licensed drivers?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do any autos have wheelchair lifts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you contract with a third-party bus contractor to transport campers?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require a certificate of insurance from the bus contractor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your organization named as an additional insured on the bus contractor's insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does management have and enforce a written policy restricting use of electronic devices (including cellphones, smart phone technology) while driving (including employees or volunteers that drive their own vehicles for business use)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization spend more than \$2,500 on vehicle rentals per year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , annual cost: \$_____		
9. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> ,		
a. Number that have daily or weekly usage of personal autos: _____ employees      _____ volunteers		
b. Does your organization require proof of personal auto insurance annually?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization require at least 100,000 personal auto policy limits?	<input type="checkbox"/>	<input type="checkbox"/>
d. Indicate type of usage:		
<input type="checkbox"/> Errands		
<input type="checkbox"/> Delivery of meals or property – average number of deliveries per week _____		
<input type="checkbox"/> Transportation of others – average number of instances per week _____		
10. Does your organization:		
a. Run Motor Vehicle Reports (MVRs) at the time of hire, for all drivers (including drivers of owned autos and non-owned autos, employees and volunteers)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Run annual MVRs on all drivers?	<input type="checkbox"/>	<input type="checkbox"/>



**H. Automobile Coverage** (If no scheduled autos, skip to question 6) *Continued*

	Yes	No
11. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if:	<input type="checkbox"/>	<input type="checkbox"/>
a. Driver has more than 2 moving violations/accidents within past three years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years ( <i>driving while intoxicated, reckless driving, leaving the scene, etc.</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>

**I. Recreational Activities**

Not Applicable

1. Please indicate applicable recreational activities offered at any location:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Archery  | <input type="checkbox"/> Hockey - Ice, Street, Roller or Field           | <input type="checkbox"/> Rollerblading, skating, skateboarding** |
| <input type="checkbox"/> Baseball or Softball                           | <input type="checkbox"/> Inflatable Devices ( <i>Bouncers, etc.</i> )    | <input type="checkbox"/> Snow skiing or Snowboarding**           |
| <input type="checkbox"/> Basketball                                     | <input type="checkbox"/> Kayaking  | <input type="checkbox"/> Soccer                                  |
| <input type="checkbox"/> Biking - Mountain biking, BMX dirt bikes, etc. | <input type="checkbox"/> Lacrosse  | <input type="checkbox"/> Swimming or Diving**                    |
| <input type="checkbox"/> Climbing walls or towers**                     | <input type="checkbox"/> Motorized Vehicles ( <i>ATVs, motorcycles</i> ) | <input type="checkbox"/> Trampolines, mini trampolines           |
| <input type="checkbox"/> Cycling  | <input type="checkbox"/> Motorized Boating/Towing Activities**           | <input type="checkbox"/> Volleyball                              |
| <input type="checkbox"/> Equestrian or Horseback riding**               | <input type="checkbox"/> Obstacle course(s) or Ropes Course(s)**         | <input type="checkbox"/> Wilderness trips                        |
| <input type="checkbox"/> Football – flag                                | <input type="checkbox"/> Paintball                                       | <input type="checkbox"/> Ziplines**                              |
| <input type="checkbox"/> Football – tackle                              | <input type="checkbox"/> Parkour   | <input type="checkbox"/> Other_____                              |
| <input type="checkbox"/> Giant Swings                                   | <input type="checkbox"/> Riflery or Airsoft**                            | <input type="checkbox"/> Other_____                              |
| <input type="checkbox"/> Gymnastics**                                   | <input type="checkbox"/> Rock climbing, rappelling**                     | <input type="checkbox"/> Other_____                              |

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

**\*\*See questions below pertaining specifically to the controls in place for activities followed by \*\*.**

	Yes	No
2. Do you offer horseback riding activities of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Number of horses owned? _____ Number of horses leased? _____		
Number of participants/riders? _____ Number of contracted wranglers? _____		
Number of employed wranglers? _____		
Describe riding activities and the locations where the riding occurs ( <i>arena, trail, etc.</i> ):		
b. Is riding restricted to an arena or enclosed area?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is riding offered on trails?	<input type="checkbox"/>	<input type="checkbox"/>
i. Are riders led and trailed by a staff member?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is each rider paired with a partnered guide?	<input type="checkbox"/>	<input type="checkbox"/>
iii. If horses are leased, are they brought on premise several weeks in advance to become familiar with trails?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>
d. Is jumping and racing prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all riders required to wear riding helmets, appropriate clothing and shoes?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are your programs or professionals certified with Certified Horsemanship Association (CHA)?	<input type="checkbox"/>	<input type="checkbox"/>

**I. Recreational Activities *Continued***

	Yes	No
3. Do you own or manage trails or paths?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, how frequently are trails inspected and cleared? _____		
b. Do you maintain inspection and maintenance logs?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there posted signage regarding degree of difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all trail grades verified to have less than 15% grade?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you have any paths with steep drops or obstacles requiring aerial maneuvers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you offer archery, riflery or airsoft activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Describe the ammunition type _____		
b. How do you 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. Do you provide all weaponry ammunition for participants?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are weapons inspected to ensure proper working order prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all participants required to wear safety equipment ( <i>eye protection for archery and both ear and eye protection for firearms</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you provide appropriate safety training before handling the weapons?	<input type="checkbox"/>	<input type="checkbox"/>
i. Do you require a certified range safety officer ( <i>Archery USA or NRA certification</i> ) to be present at all times?	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you own or manage the range?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
v. Do you allow third parties to use the range?	<input type="checkbox"/>	<input type="checkbox"/>

**I. Recreational Activities *Continued***

	Yes	No
5. Do you own or operate any obstacle, challenge, or ropes courses, iplines or giant swings?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
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 ( <i>Professional Ropes Course Association</i> ) or ACCT ( <i>Association for Challenge Course Technology</i> ) Professional Vendor Member?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no, explain:</b>		
d. Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT? <i>*Please provide a copy of your last inspection including your response to any indicated failures.</i>		
e. Is the course, line, or swing secured and inaccessible when unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>
f. How frequently does head of staff go for training and recertification? <input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all participants required to wear a helmet?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is all safety equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you offer climbing activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Number of participants annually _____ Number of elements: _____		
b. Select Types: <input type="checkbox"/> Indoor Climbing wall or tower: height _____ <input type="checkbox"/> Outdoor wall or tower: height _____ <input type="checkbox"/> Outdoor Rock Climbing <input type="checkbox"/> Mobile climbing unit <input type="checkbox"/> Other _____		
c. Indicate climbing styles available: <input type="checkbox"/> Top-rope <input type="checkbox"/> Lead climbing <input type="checkbox"/> Bouldering or free climb ( <i>maximum height</i> ) _____		
d. Type of belay system: <input type="checkbox"/> Automatic Belay <input type="checkbox"/> Standard 2-person harness <input type="checkbox"/> Standard 2-person ground <input type="checkbox"/> Self-belay		
e. Is a certified climbing / belaying instructor required to be present during climbing?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are climbers required to wear a harness and helmet?	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the wall or tower designed and installed by a licensed, insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>

**I. Recreational Activities *Continued***

	Yes	No
h. Does all safety equipment conform to ASTM ( <i>American Society for Testing and Materials</i> ) standards?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is all equipment inspected prior to every use?	<input type="checkbox"/>	<input type="checkbox"/>
j. Are belay system anchors “backed-up”?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does landing surface padding comply with manufacturer specifications or ANSI ( <i>American National Standards Institute</i> ) standard specification for impact attenuation of surface systems?	<input type="checkbox"/>	<input type="checkbox"/>
Describe padded landing surface and distance from the furthest overhanging point		
l. Is the climbing area secured and inaccessible when unsupervised?	<input type="checkbox"/>	<input type="checkbox"/>
m. Are a first aid kit and a full-time, certified first aid provider present during climbing?	<input type="checkbox"/>	<input type="checkbox"/>
n. Number of climbers or belayers that have been injured in the past year? _____		

**J. Swimming, Boating, and Water Recreation**

Not Applicable

Yes      No

1. Do you own, lease, or operate any swimming pools?		
a. Number of pools on your premises _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you test to identify swimmers and non-swimmers?	<input type="checkbox"/>	<input type="checkbox"/>
c. If pool is leased, who employs the staff? _____	<input type="checkbox"/> Not Applicable	
d. Please describe how you train your lifeguards?	<input type="checkbox"/> Not Applicable/No Guards	
e. Are pool rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, do the rules include:</b>		
i. No breath holding	<input type="checkbox"/>	<input type="checkbox"/>
ii. Supervision of minors	<input type="checkbox"/>	<input type="checkbox"/>
iii. No diving from pool deck	<input type="checkbox"/>	<input type="checkbox"/>
iv. No lifeguard on duty	<input type="checkbox"/>	<input type="checkbox"/>

**J. Swimming, Boating, and Water Recreation *Continued***

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

<b>Size, location and description:</b>	<b>POOL 1</b>		<b>POOL 2</b>		<b>POOL 3</b>	
Indicate number of drains						
Indicate shallow-end depth						
Indicate deep-end depth						
How is depth marked (e.g. indication on pool deck, painted markers on bottom, etc)?						
Frequency of depth marking (number of times depth is indicated)						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Is the pool indoor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there suspended ceilings above pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool ceilings inspected by outside contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last inspection						
Enclosed by "child proof" gate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slip resistant surfacing on pool deck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pool have a pump safety shutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always 2 certified lifeguards on duty? If yes, indicate stationed location(s): <i>* Please complete the professional section for Lifeguards.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all pools been equipped with anti-entrapment drain covers or systems? <b>If yes,</b> describe systems installed and date for each pool or spa:					<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any diving boards or diving platforms? <b>If yes,</b>					<input type="checkbox"/>	<input type="checkbox"/>
a. Number of boards/platforms: Describe height _____ Water Depth _____						
b. Do you have any high flex boards?					<input type="checkbox"/>	<input type="checkbox"/>
c. Are board entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
d. Are diving boards equipped with slip resistant surfacing?					<input type="checkbox"/>	<input type="checkbox"/>
e. Are all ladders/stairs equipped with non-skid rubber mats and handrails?					<input type="checkbox"/>	<input type="checkbox"/>

**J. Swimming, Boating, and Water Recreation *Continued***

	Yes	No
4. Do you have water slides?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Number of slides _____		
b. Are slide entrances secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how access is restricted? _____		
d. Are all slides less than 10 ft in vertical height?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all slide ladders/stairs equipped with non-skid rubber mats and hand rails?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is slide exit separate from main swimming or pool area?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is slide exit into water at least 4 ft deep?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is slide exit horizontal to the water and equal to or less than 18 inches from water?	<input type="checkbox"/>	<input type="checkbox"/>
i. Lifeguard dedicated to the slide exit?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the camp use any "Brown Water" ( <i>lakes, rivers</i> ) for water recreation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. How do you identify swimmers? _____		
b. Do you utilize alarming bands?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all non-swimmers required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have water blobs or water trampolines?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b>		
a. Please describe the device and safety rules:		
b. Number of devices _____		
c. Do you enforce a maximum weight difference of 25lbs per participants?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you enforce only one jumper at a time?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all participants required to wear US Coast Guard approved personal floatation devices ( <i>PFDs</i> )?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you require two lifeguards for supervision at all times?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you restrict access when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you offer boating activities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> describe the activity and the water location where the activity is held:		
a. Do you own or operate boats? _____ # boats without motors _____ # motorboats <input type="checkbox"/> Not Applicable		
b. Are all boaters required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you require safety and emergency instruction be reviewed prior to each trip activity?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you prohibit boating or boating activities at night?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are certifications required for your motorboat operators?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes,</b> who provides the Certification/training? _____		

**J. Swimming, Boating, and Water Recreation *Continued***

**Yes No**

8. Do you 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. Do you require a specified observer to be present (*separate from the boat operator*)?

e. Do you prohibit towing during low light (*sunrise, sunset, etc.*)?

f. Do you utilize a ski flag during towing activities?

g. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets?

h. Do you maintain all equipment according to the manufacturer's specifications?

i. Do you inspect all equipment including the towlines (*handles, lines and connecting hooks*) prior to each use?

j. Do you restrict towing activity to only one line at a time?

9. Do you offer whitewater boating or rafting activities?

**If yes,**

- a. Number of annual participants: \_\_\_\_\_
- b. Number of boats/rafts you own or operate \_\_\_\_\_ Number of trips contracted with third party providers \_\_\_\_\_
- b.. Describe whitewater activities including river rating scale or class and number and ages of registrants:

c. Are all boats staffed by an experienced, insured guide?

d. Do you require at least one member of the trip to be skilled in life saving techniques?

e. Are all rafters required to wear a helmet and Coast Guard approved life jackets?

f. Are all rafters trained on safety procedures?

10. Please indicate any additional water recreational activities offered at any location & number of participants annually:

- Canoeing participants \_\_\_\_\_  Snorkeling participants \_\_\_\_\_  Other \_\_\_\_\_
- Sailing participants \_\_\_\_\_  Surfing participants \_\_\_\_\_  Other \_\_\_\_\_

**\*\*See questions below pertaining specifically to the controls in place for activities followed by \*\*.**

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

**Not Applicable**

1. Total number of events \_\_\_\_\_

**Yes No**

2. Do you work with local authorities for threat assessment prior to the event?

**K. Special Events** (including sponsored or co-sponsored events or fundraisers) *Continued*  **Not Applicable**

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:	\$		\$		\$	
Annual event?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 – describe in space below |
| E. House or garden tour   | J. Athletic participation      | O. _____                           |

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

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

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

7. Parade details,

**Level of activity:**  Participation Only  Sponsor Or Co-Sponsor

- a. Number of: floats \_\_\_\_\_ horses \_\_\_\_\_ participants \_\_\_\_\_ Yes No
- b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants?



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

	Yes	No
8. Are any of the event activities provided by a third party? <b>If yes,</b>	<input type="checkbox"/>	<input type="checkbox"/>
a. Do you require a certificate of insurance from the third party?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are any of the activities under contract with the third party?	<input type="checkbox"/>	<input type="checkbox"/>
9. Liquor or Alcohol Served or Sold	<input type="checkbox"/>	<b>Not Applicable</b>
Gross annual alcohol sales _____		
Type of alcohol?		
<input type="checkbox"/> Beer only	<input type="checkbox"/> Beer and wine only	<input type="checkbox"/> Beer, wine and/or liquor
Type of license you have for sale of alcohol:		
<input type="checkbox"/> Permit for event only	<input type="checkbox"/> Annual liquor license	<input type="checkbox"/> Alcohol served by third party
Is any employee or volunteer of your organization responsible for serving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
What alcohol dispensing controls are in place?		
<input type="checkbox"/> Formal server training (TIPS/ TAPS)	<input type="checkbox"/> Limited # of drink tickets _____	
<input type="checkbox"/> ID check prior to admission	<input type="checkbox"/> Wrist bands identifying >21	
<input type="checkbox"/> ID checked at purchase		

**L. Data Compromise**

**Not Applicable**

Yes No

1. Does your organization accept electronic payments/donations or electronically store employee and volunteer Personally Identifiable Information?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your organization suffered a breach of personal information in the last 12 months? <b>If yes,</b> please explain.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you post your document retention and destruction policy? <b>If no,</b> please explain.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you maintain regularly updated computer security measures? (e.g. fire wall, secured wireless connectivity, virus protection) <b>If no,</b> please explain.	<input type="checkbox"/>	<input type="checkbox"/>
5. Are your employee, customer, and other physical records maintained in a secured environment with limited access? <b>If no,</b> please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_