

Educational Institution Questionnaire

This is a supplemental questionnaire; signed ACORD applications are required. If your organization offers vocational programming, please complete the vocational school questionnaire.

Name of organization _____

Website address _____

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

FEIN _____ Years under current management _____

Years in business _____

A. General Operations and Facilities

1. Provide all applicable information:

Payroll _____ Number of employees _____ Number of volunteers _____

Total revenues _____ Hours of Operations _____

Who is your previous insurance carrier? _____

Yes No

Has there been a lapse in coverage? ☐ ☐

Has your organization been in operation for fewer than 3 years? ☐ ☐

2. List all accreditations: _____

3. 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.

If yes, when were your facilities last inspected? _____

If yes, were any violations or deficiencies noted on your most recent inspection? ☐ ☐

If yes, please explain:

If yes, have all violations or deficiencies been corrected? ☐ ☐

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

- | | |
|---|---|
| <input type="checkbox"/> Assistance with Activities of Daily Living (e.g. eating, toileting) | <input type="checkbox"/> Behavioral health services |
| <input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational) | <input type="checkbox"/> Crisis intervention (e.g. hotline, inpatient, etc.) |
| <input type="checkbox"/> Drone classes or services | <input type="checkbox"/> Fiscal sponsorship or insurance coverage for other entities |
| <input type="checkbox"/> Foreign exchange or student exchange programs | <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"/> Infectious or contagious disease |
| <input type="checkbox"/> In-home Services (e.g. meal delivery, chore assistance, etc.) | <input type="checkbox"/> Legal advocacy or legal services |
| <input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.) | <input type="checkbox"/> Mentoring programs matching youth with mentors |
| <input type="checkbox"/> One-on-one or peer counseling | <input type="checkbox"/> Political Action (e.g. lobbying, petitioning, protests, etc.) |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> None of the above services or programs are applicable |

If yes to any listed above, describe:

A. General Operations and Facilities *Continued***Yes No**

5. Does your organization utilize chemical or physical restraint or confinement techniques?

☐☐

6. Please provide the following property information:

a. Make & 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 completes your electrical repairs?

☐ Licensed electrician ☐ Volunteer ☐ Other _____

7. Does your organization have any outdoor playground equipment?

☐☐**If yes,** a. Was all equipment commercially manufactured?☐☐

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. Would you like property coverage for any playground equipment?

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

8. Does your organization have any other outdoor property (*paved surfaces, sports fields or courts, 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.

9. Does your organization have any solar panels?

☐☐

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

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

☐☐**If yes,** please advise address _____

Age of building _____ Manufacturer _____

11. 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-up12. What security measures are regularly in place? (*Check all that apply*)☐ Electronic locks ☐ Automated Access Control System ☐ Alarmed doors ☐ Security cameras☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills ☐ Emergency call boxes☐ Other _____

13. Does your organization have security guards for regular operations?

☐☐**If yes,**

A. General Operations and Facilities *Continued***Yes No**

a. Are security personnel:	<input type="checkbox"/> Employees	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Contracted Third Party	<input type="checkbox"/> On-Duty Police	
	<input type="checkbox"/> Off-Duty Police	<input type="checkbox"/> Other			
b. Is security:	<input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed: Describe Weapons			
c. Number of security personnel			Payroll (or contract premium)		
d. If security personnel are contracted,					
i. Is the contractor's general liability / professional liability policy required to name your organization as an additional insured?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
ii. Is the contractor's liability policy required to indemnify your organization?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
*Provide copy of contract.					
e. If security personnel are employed,					
i. Are criminal background and psychological exams conducted for all security personnel?	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>		
ii. How frequently are these examinations conducted?					
f. Additional security comments					
14. Are firearms or any other weapons permitted on premises (by employees, volunteers, clients, customers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>			
If no, are signs posted at entrances to inform visitors of the no firearms allowed policy?	<input type="checkbox"/>	<input type="checkbox"/>			
Provide copy of policy/procedures.					
15. Does your organization have any plans for renovations or new construction during the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, describe.					
16. Does your organization have any buildings that are more than 25% vacant, unoccupied (including temporarily), or for sale?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, provide address of building(s)					
17. Does your organization accept donations of vehicles of any type?	<input type="checkbox"/>	<input type="checkbox"/>			
If yes,					
a. Does the organization take physical possession of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>			
b. Does the organization take registration of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>			
c. How are vehicles used?					
<input type="checkbox"/> Used in daily operations of organization	<input type="checkbox"/> Sold directly to the public as a fundraiser				
<input type="checkbox"/> 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?					

B. Management Practices (Including Physical and Sexual Abuse Liability)**Yes No**

1. Does your organization have written abuse policies?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do the policies:		
a. Communicate a Zero-tolerance approach to inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>
b. Define appropriate and inappropriate behaviors	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate the organization will investigate and cooperate with law enforcement	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization require that employees sign that they have read the organization's written abuse policies and retain the record?	<input type="checkbox"/>	<input type="checkbox"/>

B. Management Practices Continued**Yes No**

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?
- ☐ Live Stream Cameras ☐ Closed circuit monitors
- ☐ Staff tours/detours ☐ Office windows ☐ Doors with windows ☐ Surveillance Cameras
- ☐ Not applicable ☐ Other _____

5. Indicate all employee and/or volunteer screening controls utilized by your organization:

	Employees		Volunteers	
	<input type="checkbox"/> No	<input type="checkbox"/> Employees	<input type="checkbox"/> No	<input type="checkbox"/> volunteers
	Yes	No	Yes	No
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal references verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Minimum 5 years of employment history verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain any NO response _____

6. Indicate all employee and/or volunteer background checks utilized prior to hiring: ☐ No Background checks utilized

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. 10-digit fingerprint check - State level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 10-digit FBI fingerprint check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of other screening methods _____

Explain any NO response _____

7. Do applications contain a notice that a criminal background check may be run on all candidates?

☐☐

If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?

☐☐

8. Does your organization allow volunteers under the age of 18?

☐☐

If yes,

☐☐

- a. Is 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?

☐☐

8. 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?

☐☐

9. Are **all** screening controls and background clearance controls completed prior to:

- a. Hiring employee or accepting volunteer?

☐☐

- b. Employee or volunteer contact with client?

☐☐

Explain any **NO** responses:

B. Management Practices Continued**Yes****No**

10. 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 ☐ Other _____
- ☐ Not applicable

11. Does your organization retain employee and volunteer records, including records of background checks?

☐☐

If yes, are records retained permanently?

☐☐

12. Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made toward your organization or anyone working on behalf of your organization?

☐☐

If yes, explain _____

13. Does your organization retain reports of situations, occurrences, and allegations of abuse and the actions taken?

☐☐

If yes, are records retained permanently?

☐☐

14. 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?

15. 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?

a. Does your organization allow the individual to remain in the program?

☐☐

b. What additional controls are put in place?

16. Indicate abuse or molestation prevention training provided:

**Is training
documented and
retained?**

**No Training
Provided**

**Orientation Training Upon
Hire/Affiliation**

**Annual Awareness
Training Provided**

Yes**No**

Employees

☐☐☐☐☐

Volunteers

☐☐☐☐☐

Other _____

☐☐☐☐☐

17. Is your organization considered a "Mandated Reporter" by regulatory authorities?

☐☐

18. Does your organization work with Praesidium for abuse risk management?

☐ **Not Applicable**☐☐

19. Are you contractually obligated to carry abuse and molestation coverage?

☐☐

B. Management Practices Continued

If yes, what limits are required by contract? _____

Please attach complete copy of contract.

20. Please add any further detail to clarify abuse controls or answers to the above.

C. Professional Liability

☐ Not Applicable

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

Name of Position	Employees	Volunteers	Contractors
Teachers			
Special education teachers, Board Certified Behavior Analysts (BCBA)			
Student Interns Under your Supervision			
Daycare workers			
Mental health professionals (e.g. psychologists, social workers, counselors)			
Nurse Practitioners (NP, APRN) Physician Assistants (PA) or others with the authority to prescribe medication			
Nurses without the authority to prescribe medication			
Other degreed professionals (<i>Describe degree level and position</i>):			

☐ Check if organization has no degreed professionals.

Yes No

2. 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?

☐ ☐

3. Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?

☐ ☐

4. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?

☐ ☐

5. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?

☐ ☐

6. 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.

D. Educational Institution

Yes No

1. Indicate the type(s) of educational institution: ☐ Private School ☐ School ☐ Public School
☐ Boarding/Residential ☐ College ☐ Performing Arts ☐ Head Start ☐ Latchkey

2. Does your educational institution specialize in providing special needs services?

☐ ☐

a. Indicate specialization: ☐ Developmental Disabilities ☐ Learning Disabilities ☐ Physical Disabilities
☐ Psychologically impaired ☐ Other _____

3. Students in each grade range: Preschool-Pre-K _____ K-3 _____ 4-5 _____
 6-8 _____ 9-12 _____ Other: _____

D. Educational Institution <i>Continued</i>		Yes	No
4.	Does your organization offer unique or specialized training programs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please indicate or describe the program(s) as applicable: <input type="checkbox"/> Survival or Wilderness training <input type="checkbox"/> Heavy or specialized equipment training <input type="checkbox"/> Other _____			
Safety controls in place: _____			
5.	Does your organization have or permit animals to be on premises?	<input type="checkbox"/>	<input type="checkbox"/>
a.	If yes , are permissions limited to trained service animals?	<input type="checkbox"/>	<input type="checkbox"/>
i.	If no , describe controls/procedures: _____		
6.	Does your organization allow the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*If yes, provide copy of policies.</i>			
	If no , is there a formal, written policy prohibiting the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there student release procedures in place to safely release minors to identified guardians during schools hours? <input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is visitor access restricted?	<input type="checkbox"/>	<input type="checkbox"/>
If no , please explain: _____			
9.	Does your organization require written instructions from parents or guardians before dispensing medication to minors? <input type="checkbox"/> Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does your organization have commercial cooking facilities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,			
a.	Are food allergy procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Please indicate the type of cooking appliances: <input type="checkbox"/> Electric Stove / Oven <input type="checkbox"/> Gas Stove/ Oven <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Other: _____		
c.	Is the cooking equipment protected by a hood system?	<input type="checkbox"/>	<input type="checkbox"/>
i.	If yes , does the hood contain fire suppression?	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Is the fire suppression system connected to the building fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Is the hood system cleaned on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
iv.	Who conducts the hood cleaning? <input type="checkbox"/> Internal <input type="checkbox"/> Third-party contractor <input type="checkbox"/> Other: _____		
v.	When was the last hood system inspection? _____		
11.	Are your science facilities equipped with flammable liquids or gas?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe controls: _____			
12.	Does your organization offer off-premises educational trips?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,			
a.	Number of off-premises trips: _____		
b.	Are all trips within the state?	<input type="checkbox"/>	<input type="checkbox"/>
i.	If no , provide trip destinations: _____		
c.	Number of overnight trips? _____		
i.	If overnight trips , describe controls: _____		
13.	Does your organization lease or loan facilities to third parties to use for before/ after school programs, youth programs, camps, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

D. Educational Institution *Continued*

	Yes	No
a. Does the lease or loan require a signed contract containing hold harmless and indemnification wording in the school's favor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the contract include insurance requirements that the third party carry general liability including both professional and abuse and molestation coverage with limits equal to or greater than \$1,000,000?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the contract require that the school be named as an additional insured on the other party's liability insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is a certificate of insurance obtained from the third party?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do your facilities include any bleachers or grandstands?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. How frequently are the bleachers and grandstands inspected for safety? _____		
b. Number of Exterior Bleachers or Grandstands: _____ Seating Capacity: _____		
c. Number of Gymnasium Bleachers: _____ Seating Capacity: _____		
15. Does your organization offer any exchange student programs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Are student housing arrangements handled by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you require a certificate of insurance from the third party?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is your school named as an additional insured on the third party's insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does the contract contain hold harmless and or indemnification in the school's favor?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your organization provide any student boarding or housing (<i>including sororities or fraternities</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Do any of the housing facilities provide mixed gender housing arrangements?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all housing facilities fully sprinklered (<i>including sleeping areas</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your organization have a health center or infirmary?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Are services limited to staff and students?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are medical records retained for each 'patient'?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are overnight care services provided?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are any invasive procedures conducted?	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your organization have a bookstore or gift shop?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Gross Sales: _____		
b. Does your organization want property coverage for stock or merchandise held for sale?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your organization provide accident insurance to students?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Insurance company name: _____ Policy number: _____		
b. Policy period: _____		
c. What are the Accident Medical Expense (AME) and Death / Dismemberment limits: _____		
d. What is the Catastrophic AME limit? _____	<input type="checkbox"/>	N/A
e. Accident insurance: <input type="checkbox"/> applies to all students <input type="checkbox"/> applies to sports participants <input type="checkbox"/> is optional, at students' expense		

D. Educational Institution Continued

20. Complete the chart below for applicable services or programs:

On Site - Location(s) <i>(Copy this sheet if additional space if needed)</i>	Licensed Daycare		Preschool Program		Before / After School Age Program		Camp or Summer Program	
	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff

Off Site - Location(s) <i>(Copy this sheet if additional space if needed)</i>	Licensed Daycare		Preschool Program		Before / After School Age Program		Camp or Summer Program	
	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff	Number of Registrants	Number of Staff

E. Hired and Non-Owned Automobile

	Yes	No
1. Does your organization spend more than \$2,500 on vehicle rentals per year? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
If yes, annual cost: \$ _____		
a. Are the vehicles leased with a driver (<i>chartered</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Please describe the types of vehicles _____		
2. Does your organization contract with a third-party bus contractor to transport clients?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Does your organization 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"/>
3. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs		
<input type="checkbox"/> Not Applicable _____		
a. Indicate type of usage (<i>select all that apply and provide description</i>):		
<input type="checkbox"/> Errands: <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly	Average Number of trips per week _____	
<input type="checkbox"/> Delivery of meals or property: <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly	Average Number of trips per week _____	
<input type="checkbox"/> Transportation of others: <input type="checkbox"/> Daily or <input type="checkbox"/> Weekly	Average Number of trips per week _____	
<i>*If transportation of others is provided, respond to Question #4 in the Owned Auto section.</i>		
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"/>
4. Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers (<i>including employees and volunteers driving either non-owned vehicles or owned vehicles</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b. Driver has a major violation in last 5 years (driving while intoxicated, reckless driving, leaving the scene, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Driver has a suspended, expired, or revoked license?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization have a distracted driver policy in place for all drivers (<i>including employees and volunteers driving either non-owned vehicles or owned vehicles</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how is it enforced _____		
7. Does management have and enforce a written policy restricting use of electronic devices (<i>including cellphones, smart phone technology</i>) for all drivers while driving for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>

F. Owned Automobile☐ 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 owner2. 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 _____

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 _____**G. Athletic or Fitness Activities**

Yes

No

1. Does your organization offer team sports?

☐☐

a. Indicate the sports activities provided by your organization & number of participants:

☐ Baseball / Softball _____ ☐ Dance or Drill _____ ☐ Skiing or boarding _____☐ Basketball _____ ☐ Soccer _____ ☐ Swim or Dive _____☐ Volleyball _____ ☐ Hockey _____ ☐ Track & Field or XC _____☐ Football – Flag _____ ☐ Lacrosse _____ ☐ Water Towing Sports _____☐ Football – Tackle _____ ☐ Tennis _____ ☐ Wrestling _____☐ Cheer or gymnastics _____ ☐ Racquetball or Squash _____ ☐ Other: Describe below _____

b. Is a signed waiver including hold harmless and indemnification clauses required annually for athletic participation?

☐☐

G. Athletic or Fitness Activities *Continued*

	Yes	No
i. If yes , has an attorney reviewed the waiver on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Provide a copy of the waiver.</i>		
c. Is each athletic participant required to have personal health insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is each athletic participant required provide an athletic clearance physical form ensuring medical clearance annually?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is at least one CPR and First Aid certified employee required to be on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is an automatic external defibrillators (AED) available within close proximity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
i. Is the AED maintained according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Does all staff receive AED training?	<input type="checkbox"/>	<input type="checkbox"/>
g. Describe any additional safety controls in place for each athletic activity:		
2. Do all coaches and staff receive concussion recognition and protocol training?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a formal, written concussion management program in place that is compliant with current state legislation?	<input type="checkbox"/>	<input type="checkbox"/>
4. Please confirm applicable concussion management procedures.		
a. Athletes and parents are provided concussion awareness information	<input type="checkbox"/>	<input type="checkbox"/>
If yes , does concussion awareness information include:		
i. Risks of concussion	<input type="checkbox"/>	<input type="checkbox"/>
ii. Potential consequences of multiple concussions or inadequate treatment	<input type="checkbox"/>	<input type="checkbox"/>
iii. Prevention and mitigation practices	<input type="checkbox"/>	<input type="checkbox"/>
iv. Symptoms of concussion	<input type="checkbox"/>	<input type="checkbox"/>
v. Return to play guidelines	<input type="checkbox"/>	<input type="checkbox"/>
b. Do athletes and parents sign & date a confirmation form that information was received?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are concussion awareness posters utilized in gym, locker rooms, offices and/or meeting rooms?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do all athletes have a Baseline Concussion Test prior to athletic participation?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all coaches and staff trained in CPR and First Aid?	<input type="checkbox"/>	<input type="checkbox"/>
f. Does your organization provide helmets when required as sports equipment?	<input type="checkbox"/> N/A	<input type="checkbox"/>
If yes,		
i. Are helmets reconditioned and recertified annually by a NAERA member (NOCSAE licensed)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Are helmets retired when annual recertification is declined?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Are helmets equipped with concussion impact monitoring technology?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , who monitors the technology and results?	<input type="checkbox"/> Coaches	<input type="checkbox"/> Employees
	<input type="checkbox"/> Third party	<input type="checkbox"/> Other _____
5. Please confirm applicable protocol, in the case that a concussion is suspected.		
a. Remove participant from play	<input type="checkbox"/>	<input type="checkbox"/>
b. Inform participant's parent/guardians & re-provide concussion awareness information	<input type="checkbox"/>	<input type="checkbox"/>
c. Require healthcare professional evaluation	<input type="checkbox"/>	<input type="checkbox"/>
d. Require adjusted classroom activity during recovery	<input type="checkbox"/>	<input type="checkbox"/>
e. Require medical clearance prior to returning to active practice and game participation	<input type="checkbox"/>	<input type="checkbox"/>

G. Athletic or Fitness Activities Continued

	Yes	No
f. Require post-concussive neurocognitive testing as part of medical clearance	<input type="checkbox"/>	<input type="checkbox"/>
g. Require post-concussion physical activity program to monitor the participant prior to returning to game participation	<input type="checkbox"/>	<input type="checkbox"/>
h. Other, please describe: _____		
6. If claims-made coverage is requested, please provide date(s) that concussion management procedures/protocol were implemented: _____	<input type="checkbox"/>	N/A
7. Does your facility include a fitness center?	<input type="checkbox"/>	<input type="checkbox"/>
a. Please indicate the types of equipment provided:	<input type="checkbox"/> Free weights (<i>Barbell, Dumbbell, Kettlebell</i>) <input type="checkbox"/> Resistance (<i>Bands, Weighted balls/ bags</i>) <input type="checkbox"/> Machines (<i>Elliptical, Treadmills, Bikes, Rower, Press, Power racks</i>)	
b. How often is the fitness center equipment inspected? _____		
c. Is an inspection log maintained to document inspections?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is at least one CPR and First Aid certified employee required to be on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is an automatic external defibrillators (AED) available within close proximity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
i. Is the AED maintained according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Does all staff receive AED training?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are written medical emergency and evacuation procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are all employees and contractors trained in emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are incident reports completed and maintained for all injuries, regardless of severity?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is a signed waiver including hold harmless and indemnification clauses required annually for fitness facility access?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Provide a copy of the waiver</i>		
8. Does your organization own, lease, or operate any swimming pools or hot tubs?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*If yes, complete the separate Pool and Water Recreation Questionnaire.</i>		

H. 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?	<input type="checkbox"/>	<input type="checkbox"/>				
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 (<i>auction, raffles, gambling, etc.</i>)?	\$ _____		\$ _____		\$ _____	
	Yes	No	Yes	No	Yes	No
Annual event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 (<i>use all applicable activity codes from list below</i>)						

H. Special Events Continued**Activity Codes** (for use above)

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

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. If event includes a parade, please provide the following details ☐ Not Applicable

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? ☐ ☐

8. Are any of the event activities provided by a third party? ☐ ☐

If yes, is a certificate of insurance required from the third party? ☐ ☐

9. If Liquor or Alcohol Served or Sold at Events ☐ Not Applicable

If served without a charge, total annual cost of alcohol purchased to serve at events: \$ _____

If sold, gross annual alcohol sales: \$ _____

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

a. Type of license obtained for sale of alcohol:

☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by third party

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

c. What alcohol dispensing controls are in place?

☐ Formal server training (*TIPS/TAPS*) ☐ Limited # of drink tickets [provide # allotted _____]

☐ Wrist bands identifying >21 ☐ ID Checked at purchase ☐ ID Checked at prior to admission

I. Advertising Exposures (*Service brochures, Websites, Social Media, etc.*) ☐ Not Applicable **Yes** **No**

1. Does your organization:

Create your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization. ☐ ☐

Sell music or printed materials created, published or produced by someone within your organization. ☐ ☐

Air television, radio or internet broadcast segments (*podcasts/logs/etc.*), public service announcements (*PSAs*) or shows. ☐ ☐

I. Advertising Exposures *Continued***Yes****No****If yes,**

a. Does your organization 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. Frequency of broadcast segments: ☐ N/A ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently

c. Describe all media created, produced or published by your organization:

d. Does your organization contract with a third party for creation or legal review of any materials?

☐☐

If yes, describe materials subject to review and type of review:

e. Does your organization carry any type of media liability insurance (broadcasters' liability, publishers' liability etc.)?

☐☐

If yes, attach a copy of the declarations page.

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.

Fraud Warning Statement *Continued*

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.

Completed by _____

Title _____

Signature _____

Date Completed _____

Email _____