GREAT AMERICAN INSURANCE GROUP
Specialty Human Services

Health Club or Fitness Center Questionnaire

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

Name of organization _____ DBA _____

Website address _____

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

FEIN NUMBER _____ Is insured a non-profit: ☐ Yes ☐ No

Years in business _____ Years under current management _____

**If fewer than three years in business, attach copy of business plan and executive staff résumés, and current financials budget, including sources & amount of total projected revenue and expenses for the current fiscal year.*

A. General Operations and Facilities

		Yes	No
1.	Provide all applicable information:		
	Payroll _____ Number of employees _____		
	Number of members _____ Number of active members _____ Projected revenue _____		
	Who is your previous insurance carrier? _____		
	Has there been a lapse in coverage?	☐	☐
2.	Clients in each age range: <18 _____ 18-61 _____ 62+ _____		
3.	Does your organization provide accident insurance for members, clients, or participants?	☐	☐
	If yes,		
	a. Insurance company name _____ Policy number _____		
	b. Policy period _____ Limits _____		
	c. Accident insurance: ☐ applies to all members, clients, participants ☐ is optional, made available for purchase		
4.	Is your organization more than 25% owned by a private equity structure?	☐	☐

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

☐ Alternative medicine *(e.g. acupuncture, chiropractic, diet, etc.)*	☐ In-home Services *(e.g. personal instruction, massage, etc.)*
☐ Cannabis dispensing, storage, or permitted use *(medical or recreational)*	☐ Extreme activities *(e.g. aerial activities, challenge courses, obstacle courses, marathons, mud runs, challenge courses, parkour)*
☐ Counseling for individuals with eating disorders	☐ CrossFit
☐ One-on-one counseling or therapy sessions	☐ CrossFit Kids
☐ Medical or Lab Services *(e.g. physicals, blood tests, imaging, hormone replacement therapy)*	☐ Climbing activities *(e.g. indoor or outdoor, bouldering, rappelling, spelunking)*
☐ Weight loss competitions or camps	☐ Sponsorship of competitive events or tournaments
☐ Cosmetic spa procedures *(e.g. use of needles or blades, injections, chemical treatments, laser treatments, surgical procedures, CoolSculpting, etc.)*	☐ Sponsorship or training of individuals or teams participating in competitive events *(including, but not limited to, gymnastics or cheer)*
☐ Cryotherapy	☐ Full Contact Boxing, Kickboxing, Martial Arts
☐ Electrical Muscle Stimulation therapy	☐ Weapons training, Weapon-based Martial Arts
☐ Infra-red Sauna	☐ Youth Training or Youth Sports
☐ Light Therapy	☐ Fiscal sponsorship or insurance coverage to other entities
☐ Salon services *(e.g. hair color, extensions, perms, etc.)*	☐ Mentoring programs matching youth with mentors
☐ Sensory Deprivation	☐ **None of the above services or programs are applicable**

A. General Operations and Facilities *Continued*

	Yes	No

If yes to any listed above, describe each applicable operation and controls:

6. Does your organization have any outdoor property *(patios, fences, gates, sports courts or fields, etc.)*? ☐ ☐

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

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

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

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

If yes, please advise address _____

Age of building _____ Manufacturer _____

9. Indicate all protective systems:

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

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

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

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

☐ Electronic locks ☐ Automated Access System ☐ Alarmed doors ☐ Security cameras
☐ Surveillance Cameras ☐ Metal detectors ☐ Emergency drills ☐ Other _____

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

12. Are firearms or any other weapons permitted on premises *(by employees, clients, members, etc.)*? ☐ ☐

If no, are signs posted at entrances to inform visitors of the no firearms allowed policy? ☐ ☐

13. Does your organization have any plans for renovations or new construction during the next 2 yrs? ☐ ☐

If yes, describe _____

14. Does your organization have any buildings more than 25% vacant, unoccupied *(including temporarily)*, or for sale? ☐ ☐

If yes, provide address of building(s) _____

15. Does your organization sublease or rent space to others? ☐ ☐

If yes, amount of square foot _____ Rental Revenue _____

a. To whom and what services are provided _____

b. Is a contract in place that includes an insurance requirement and a hold harmless agreement in your organization's favor? ☐ ☐

B. Management Practices

	Yes	No

1. Does your organization have a risk manager on staff? ☐ ☐

Name _____ Title _____

Email _____ Phone _____

B. Management Practices *Continued*

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

	Employees ☐ No Employees		Volunteers ☐ No volunteers	
	Yes	No	Yes	No
a. Signed applications and photo identification required	☐	☐	☐	☐
b. Personal interviews conducted	☐	☐	☐	☐
c. Personal references verified	☐	☐	☐	☐
d. Minimum 5 years of employment history verified	☐	☐	☐	☐

Explain any NO response _____

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

a. Name check – state level	☐	☐	☐	☐
b. Name check – national level *(e.g. using online vendor services)*	☐	☐	☐	☐
c. 10-digit fingerprint check - State level	☐	☐	☐	☐
d. 10-digit FBI fingerprint check	☐	☐	☐	☐

Explain any NO response _____

Description of other screening methods _____

	Yes	No
4. Do applications contain a notice that a criminal background check may be run on all candidates?	☐	☐
If yes, does application advise applicants that they may be rejected or terminated based on an unacceptable background check?	☐	☐
5. Are all screening controls and background clearance controls completed prior to hiring employees or accepting volunteers?	☐	☐

Explain NO response _____

C. Health Clubs or Fitness Centers

	Yes	No
1. Does your organization require a signed waiver, including a hold harmless agreement, to be signed annually by each member?	☐	☐
If yes, has an attorney reviewed the waiver on your behalf? **Please provide a copy of the waiver.*	☐	☐
2. Does your organization permit members to bring guests?	☐	☐
If yes, is the guest required to complete a waiver?	☐	☐

3. Describe age restrictions and applicable age guidelines _____

4. Does your organization own or lease the building? ☐ Own ☐ Lease

a. What are the hours of operation each day?
Mon-Thurs: _____ Fri: _____ Sat: _____ Sun: _____

b. Is the facility available 24 hours a day?	☐	☐
c. Are employees always on-site during operating hours?	☐	☐
d. Is member access to the facility restricted to operating hours?	☐	☐
e. Is access restricted to members?	☐	☐

C. Health Clubs or Fitness Centers *Continued*

5. Complete the following to describe your facilities and operations.

Amenities	Detail
☐ Cardio Equipment	
☐ Strength Equipment	
☐ Specialty Equipment	
☐ Functional Training Equipment	
☐ Group Classes	
☐ Personal Training	
☐ Fitness Assessments	

6. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years?

If yes,	**Yes**	**No**
a. Were any violations or deficiencies found in the most recent inspection?	☐	☐
b. How often is your organization subject to inspection and by what authority? _____		

**Attach a copy of your most recent inspection.*

7. How often does your organization inspect the premises and fitness equipment? _____

8. Does your organization maintain an inspection log to document inspections?	☐	☐
9. Is all equipment commercially manufactured?	☐	☐
10. Is all equipment installed by certified contractors?	☐	☐
11. Is the equipment serviced and maintained according to manufacturer specifications?	☐	☐
12. Is the equipment operated in accordance with manufacturer instructions?	☐	☐
13. Does your organization have an Emergency Action Plan posted prominently in all key areas?	☐	☐
14. Are all employees and contractors trained in emergency procedures?	☐	☐
15. Does your organization require at least one CPR and First Aid certified employee to be present at all times?	☐	☐

If no, explain

16. Does your organization have automatic external defibrillators (AED)?	☐	☐
If yes,		
a. Is the AED maintained according to manufacturer recommendations?	☐	☐
b. Does all staff receive AED training?	☐	☐
17. Are incident reports completed including documentation of actions taken retained for all injuries, regardless of severity?	☐	☐

☐ Number of years retained _____ ☐ Permanent retention

18. Do your facility amenities include locker rooms or changing rooms?	☐	☐
If yes,		
a. Is the use of cameras (including cell phones) prohibited in these areas with signage posted at entrances?	☐	☐
b. Are ground fault interrupters (GFI) used on all outlets near water sources (e.g. sinks, etc.)?	☐	☐

C. Health Clubs or Fitness Centers *Continued*

	Yes	No
19. Do your facility amenities include showers?	☐	☐
If yes, are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?	☐	☐
20. Does your organization sell any food, beverages, or merchandise?	☐	☐
If yes,		
a. Indicate the sales below:		
☐ Food & non-alcoholic beverages Gross Sales _____		
☐ Alcoholic beverages Gross Sales _____		
**If alcohol, complete the liquor liability question (#10) in the Special Events section.*		
☐ Merchandise Gross Sales _____		
b. Does your organization utilize insecticides or pesticides?	☐	☐
If insecticides or pesticides are used, is application completed by a licensed and insured contractor?	☐	☐
c. Is property coverage for stock or merchandise held for sale requested?	☐	☐
21. Does your organization sell any dietary supplements or herbal remedies?	☐	☐
If yes,		
a. Sales revenue _____		
b. Does your organization manufacture any products?	☐	☐
c. Does your organization sell any private label products?	☐	☐
d. Does the insured remove labels, re-label, or re-package products?	☐	☐
If yes, describe product _____		
22. Does your organization offer childcare?	☐	☐
If yes,		
a. Typical daily attendance? _____ Number of on duty childcare staff? _____		
b. Are parents required to remain on premises?	☐	☐
c. Are check in/ check out procedures in place?	☐	☐
d. Do staff assist with diaper changing or toileting?	☐	☐
e. How are parents contacted if needed? _____		
f. Is there a childcare time limit?	☐	☐
If yes, what is the time limit? _____		
g. Is care provided in a separate, private room?	☐	☐
h. How are childcare areas and childcare staff monitored? ☐ Surveillance Cameras ☐ Closed circuit monitors ☐ Doors with windows ☐ Internal windows ☐ Manager drop-in ☐ No monitoring ☐ Other _____		
i. Is the room equipped with permanent Tamper Resistant Receptacles? ☐ Not Applicable	☐	☐
j. Is large furniture secured to the walls *(shelves, etc.)*? ☐ None Present	☐	☐
g. Is there any large play equipment?	☐	☐
If yes, provide description _____		

C. Health Clubs or Fitness Centers *Continued*

		Yes	No
h.	Are any summer camps or day camps offered?	☐	☐
	If yes, provides number of days _____ and number of attendees _____		
	Describe camp activities _____		
23.	Does your organization offer tanning services including a tanning bed or tanning booth?	☐	☐
	If yes,		
a.	Number of Beds _____ Number of Booths _____ Tanning revenue _____		
b.	Are signed, risk specific waivers required prior to use? **Provide copy of waiver*	☐	☐
c.	Is use of tanning equipment monitored to ensure manufacturer guidelines are followed?	☐	☐
d.	Is tanning equipment serviced and maintained according to manufacturer specifications?	☐	☐
e.	Who is responsible for sanitizing the equipment? _____		
f.	How frequently is the equipment sanitized? _____		
24.	Does your organization offer red light therapy (RLT) services including beds or booths?	☐	☐
	If yes,		
a.	Number of beds _____ Number of Booths _____ RLT revenue _____		
b.	Are signed, risk specific waivers required prior to use? **Provide copy of waiver.*	☐	☐
c.	Is use of RLT equipment monitored to ensure manufacturer guidelines are followed?	☐	☐
d.	Does staff keep records of client use *(i.e. name, date, time allotment, etc.)*?	☐	☐
e.	Is RLT equipment serviced and maintained according to manufacturer specifications?	☐	☐
f.	Who is responsible for sanitizing the equipment? _____		
g.	How frequently is the equipment sanitized? _____		
25.	Does your organization offer cold plunge or cold tub therapy?	☐	☐
	If yes,		
a.	Are signed, risk specific waivers required prior to use? **Provide copy of waiver*	☐	☐
b.	Is use of tub/pool monitored?	☐	☐
c.	What is the minimum temperature permitted? _____		
d.	What is the maximum amount of plunge time permitted? _____		
e.	Is the tub/pool maintained according to manufacturer specifications?	☐	☐
f.	How frequently is the tub/pool inspected? _____		
g.	How frequently is the tub/pool sanitized? _____		
26.	Does your organization own or operate any saunas or steam rooms?	☐	☐
	If yes, number of saunas: _____ number of steam rooms: _____		
a.	Are temperatures monitored?	☐	☐
b.	Do all rooms have sprinklers inside?	☐	☐
c.	Do all rooms have traditional ceilings?	☐	☐
d.	Do all rooms have an observation window? _____		
e.	Are rooms regularly inspected to ensure safety *(i.e. condition of wood, heating elements, etc.)*?	☐	☐

C. Health Clubs or Fitness Centers *Continued*

	Yes	No
f. Are rules posted?	☐	☐

g. Indicate location(s)? ☐ Pool Deck ☐ Locker Room ☐ Other _____

27. Does your facility include a pool, hot tub, or whirlpool?	☐	☐

If yes, complete the separate SHS Pool and Water Recreation Questionnaire.

D. Special Events

(including sponsored or co-sponsored events or fundraisers) ☐ **Not Applicable**

1. Total number of events _____

2. Does your organization work with local authorities for threat assessment prior to the event?	☐	☐

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

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

Activity Codes *(for use above)*

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

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

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

D. Special Events *Continued*

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

7. If security personal present, indicate who provides security and whether armed or unarmed: ☐ **Not Applicable**

☐ Employees ☐ Volunteers ☐ Contracted Third Party ☐ On-Duty Police ☐ Off-Duty Police
☐ Unarmed ☐ Armed

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

Level of activity: ☐ Participation Only ☐ Sponsor or Co-sponsor

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

10. **If Liquor or Alcohol 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

E. Physical and Sexual Abuse Liability ☐ **Not Applicable**

		Yes	No
1.	Does your organization have written abuse policies?	☐	☐
	If yes, do the policies address:		
a.	Communicate a Zero-tolerance approach to inappropriate behaviors	☐	☐
b.	Define appropriate and inappropriate behaviors	☐	☐
c.	Communicate the organization will investigate and cooperate with law enforcement	☐	☐
2.	Does your organization require that employees sign that they have read the organization's written abuse policies and retain the record?	☐	☐
3.	Does your organization enforce the 3-person rule? *This means requiring at least 2 adult employees or volunteers to be with clients at all times and prohibiting any employees and volunteers from being alone with vulnerable clients, including during transportation.*	☐	☐
	If no, explain and include details on controls in place:		

4. How does your organization monitor client areas?

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

E. Physical and Sexual Abuse Liability *Continued*

		Yes	No
5.	Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?	☐	☐
	If yes, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?	☐	☐
6.	Does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)* prior to allowing contact with clients?	☐	☐
	Explain any **NO** response: _____		
7.	How frequently does your organization screen employees *(and volunteers)* through a validated criminal data base *(including both background and sex-offender)*? *Check all that apply*.		
	☐ Prior to hire ☐ Annually ☐ Biennually ☐ Not applicable ☐ Other: _____		
8.	Does your organization retain employee and volunteer records, including records of background checks?	☐	☐
	If yes, are records retained permanently?	☐	☐
9.	Are you aware of any situations, occurrences, or allegations of abuse that could lead to an abuse claim being made your organization or anyone working on behalf of your organization?	☐	☐
	If yes, explain:		
10.	Does your organization retain reports of situations, occurrences, and allegations of abuse and the actions taken?	☐	☐
	If yes, are records retained permanently?	☐	☐
11.	Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?	☐	☐
	If yes, what is your procedure for misconduct?		
12.	If there is an allegation made,		
	a. Does your organization retain the individual on staff?	☐	☐
	b. What corrective action is taken?		
13.	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?		
14.	If there is an allegation made,		
	a. Does your organization allow the individual to remain in the program?	☐	☐
	b. What additional controls are put in place?		
15.	Does your organization provide abuse or molestation prevention training	☐	☐
	Is training documented and documentation retained?	☐	☐
16.	Is your organization considered a “Mandated Reporter” by regulatory authorities?	☐	☐
17.	Is your organization contractually obligated to carry abuse and molestation coverage?	☐	☐
	If yes, what limits are required by contract? _____		
	Please attach a copy of the contract.		
	Please add any further detail to clarify abuse controls or answers to the above.		

F. Professional Liability

☐ Not Applicable

1. List number of employees and contractors by position:

☐ Check if organization has no degreed professionals.

Name of Position	Full Time Employees	Part Time Employees	Contractors
Personal Trainers			
Class Instructors			
Lifeguards			
Massage Therapists			
Estheticians, Beauticians, Cosmetologists, and Nail Technicians			
Certified Athletic Trainers (CAT)			
Occupational and Physical Therapists			
Wellness Instructors, Dieticians and Nutritionists			
Medical doctors, Dentists, Psychiatrists, Ophthalmologists, Podiatrists, or others with specialty medical degrees			
Nurses Practitioners (NP, APRN), Physician Assistants (PA) or others with authority to prescribe medication			
Nurses without authority to prescribe medication			
Chiropractors or Acupuncturists			
Other _____	_____	_____	_____

Indicate the responsibilities of any medical staff

2.	Of the employees listed above, do any carry their own professional liability insurance?	☐	☐
	If yes, are procedures in place to verify current insurance is maintained at all times?	☐	☐
3.	If massage therapists are indicated above, ☐ Not Applicable		
	a. Does your organization require that the massage providers be ☐ Licensed and/or ☐ Certified		
	b. List types of massage provided _____		
4.	If trainers are indicated above, ☐ Not Applicable		
	a. Have all trainers been CPR and AED certified?	☐	☐
	b. List professional certifications and/ or accreditations		
5.	Do you maintain copies of licenses and/or certifications for all employed 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?	☐	☐
6.	Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	☐	☐
7.	Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	☐	☐
8.	If professional services are provided by third party contractors, ☐ Not Applicable		
	a. Is there a written contract in place including hold harmless wording that indemnifies your organization and requires additional insured status via the contractors insurance policy?	☐	☐

F. Professional Liability *Continued*

		Yes	No
b.	Does the written contract stipulate that the contractor carry liability insurance including both abuse and professional liability with limits equal to or greater than your own?	☐	☐
9.	Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years?	☐	☐
10.	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

G. Hired and Non-Owned Auto *(Complete if auto liability is requested.)*

		Yes	No
1.	Does your organization spend more than $2,500 on vehicle rentals per year? ☐ **Not Applicable**	☐	☐
	If yes, annual cost: $ _____		
a.	Are the vehicles leased with a driver *(chartered)*?	☐	☐
b.	Please describe the types of vehicles _____		
2.	Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____ ☐ **Not Applicable**		
a.	Indicate type of usage *(select all that apply and provide description)*:		
	☐ Errands: ☐ Daily or ☐ Weekly Average Number of trips per week		
	☐ Delivery of meals or property: ☐ Daily or ☐ Weekly Average Number of trips per week		
	☐ Transportation of others: ☐ Daily or ☐ Weekly Average Number of trips per week		
	**If transportation of others is provided, respond to Question #4 in the Owned Auto section.*		
b.	Does your organization require proof of personal auto insurance annually?	☐	☐
c.	Does your organization require at least 100,000 personal auto policy limits?	☐	☐
3.	Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
4.	Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if		
a.	Driver has more than 2 moving violations/accidents within past three years?	☐	☐
b.	Driver has a major violation in last 5 years *(driving while intoxicated, reckless driving, leaving the scene, etc.)*?	☐	☐
c.	Driver has a suspended, expired, or revoked license?	☐	☐
5.	Does your organization have a distracted driver policy in place for all drivers *(including employees and volunteers driving either non-owned vehicles or owned vehicles)*?	☐	☐
	If yes, how is it enforced _____		
6.	Does management have and enforce a written policy restricting use of electronic devices *(including cellphones, smart phone technology)* for all drivers while driving for business purposes?	☐	☐

H. 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 owner _____		
2.	Please indicate the types of vehicles used by your organization *(select all applicable)*		
	☐ Owned _____ ☐ Long-term Leased _____		

H. Owned Automobile *Continued*

		Yes	No
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 _____		
5.	Does your organization have a dashboard camera installed in all owned vehicles?	☐	☐
	If yes, please indicate the type(s): ☐ Forward facing ☐ Rear cameras		
6.	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 _____		

I. Advertising (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 or video taken by you or someone in your organization?	☐	☐
2.	Does your organization sell printed materials created, published or produced by someone within your organization?	☐	☐
3.	Does your organization air television, radio or internet broadcast segments *(podcasts / blogs / etc.)*, public service announcements (PSAs) or shows?	☐	☐
4.	If yes to 1 ,2 ,or 3 above,		
	a. Does your organization 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.		

J. Cyber Suite ☐ Not Applicable

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

Fraud Warning Statement

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

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

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

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

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

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

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

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

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

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

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

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

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

Completed by _____ **Title** _____

Signature_____ **Date Completed** _____

Email _____ **Phone Number** _____