

Shelter and Temporary Housing Questionnaire

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

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

Years in business _____ Years under current management: _____

A. General Operations and Facilities

1. Provide all applicable information

Payroll _____ Number of employees _____

Number of volunteers _____ Projected revenue _____

2. Clients, residents or students in each age range: ☐ NA # _____ <18 _____ 18-61 _____ 62+

3. List all accreditations _____

	Yes	No
4. Is your organization or any location operated by you licensed by any regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>

If yes,

a. Attach copies of all licenses and most recent inspection reports for each location.

b. When were facilities last inspected? _____

c. Were any violations or deficiencies noted in the most recent inspection(s)? ☐ Yes ☐ No

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

- | | |
|--|---|
| <input type="checkbox"/> Alternative medicine (e.g. acupuncture, chiropractic, diet, etc.) | <input type="checkbox"/> Detoxification or methadone services |
| <input type="checkbox"/> Financial or lending services or handling of clients' money | <input type="checkbox"/> Individuals with suicidal or violent behavior |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Sponsoring of rallies, civil demonstrations or protests |
| <input type="checkbox"/> Individuals with Alzheimer's or dementia | <input type="checkbox"/> Political action (e.g. lobbying, petitioning, etc.) |
| <input type="checkbox"/> Mentoring programs matching youth with mentors | <input type="checkbox"/> Infectious or contagious disease |
| <input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs | <input type="checkbox"/> Sexual offenders or Individuals with sexually abusive behavior |
| <input type="checkbox"/> Utilization of chemical or physical restraint or confinement techniques | <input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.) |
| <input type="checkbox"/> Advocacy (representation of individuals in legal proceedings) or legal services | <input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational) |
| <input type="checkbox"/> Provide only referrals to other entities (no direct services provided) | |
| <input type="checkbox"/> None of the above are applicable | |

If yes to any of the above, describe types of services and number of clients

6. Does your organization provide services off-premises or in clients' homes (e.g. meal delivery, street outreach)? ☐ Yes ☐ No

If yes,

a. Provide description of services _____

b. Number of annual volunteer hours _____ Number of employees _____

Employee Payroll _____

7. Does your organization accept donations of vehicles of any type? ☐ Yes ☐ No

If yes,

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

a. How are vehicles used?	<input type="checkbox"/> Used in daily operations of organization	<input type="checkbox"/> sold directly to public as a fundraiser		
<input type="checkbox"/> Vehicle is titled to an independent broker, when sold, profits are returned to the organization				
b. How many vehicles do you receive in a year?	_____			
8. Does your organization have security guards for regular operations?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes,				
a. Are security personal	<input type="checkbox"/> Employed	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Contracted Third Party	
	<input type="checkbox"/> On-Duty Police Officers	<input type="checkbox"/> Off-Duty Police Officers	<input type="checkbox"/> Other _____	
*If contracted provide copy of contract.				
b. Is security	<input type="checkbox"/> Unarmed	<input type="checkbox"/> Armed: Describe weapons _____		
c. Number of Security Personnel _____	Payroll (or contract premium) _____			
d. Additional security comments _____				
9. Are firearms or any other weapons permitted on premises (by employees, volunteers, clients, or residents)?	<input type="checkbox"/>	<input type="checkbox"/>		
If no , are signs posted at entrances to inform visitors?	<input type="checkbox"/>	<input type="checkbox"/>		
Provide copy of policy/ procedures.				
10. 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 applicable, provide address of building(s) _____				
11. Does your organization routinely receive donations of real property (land or buildings)?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes , describe type of property accepted, condition and use of property _____				
12. Does your organization have any plans for renovations or new construction during the next 2 yrs?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes , describe _____				
13. Does your organization provide accident insurance for volunteers?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes , Insurance Carrier Name _____ Policy Number _____				
a. Policy Period _____				
b. Limits _____				
c. Coverage	<input type="checkbox"/> Applies to all clients	<input type="checkbox"/> Applies to all volunteers	<input type="checkbox"/> Is optional, at volunteers expense	

B. Organizations in Business Less than 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.

C. Shelter or Residential Housing (including temporary and transitional housing)**Yes No**

1. Does your organization have a risk manager on staff?	<input type="checkbox"/>	<input type="checkbox"/>		
Name: _____	Title: _____			
Email: _____	Phone: _____			
2. Is property subject to HUD inspection?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes , attach copy of REAC report.	<input type="checkbox"/>	<input type="checkbox"/>		
3. Indicate all protective systems				
Smoke detectors:	<input type="checkbox"/> Battery operated	<input type="checkbox"/> Hard wired	<input type="checkbox"/> Hard wired with battery back-up	
Carbon monoxide detectors:	<input type="checkbox"/> Battery operated	<input type="checkbox"/> Hard wired	<input type="checkbox"/> Hard wired with battery back-up	

C. Shelter or Residential Housing *Continued*

	Yes	No	
4. Does your organization have any locations with sleeping areas above the second floor?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If yes, are all such buildings 100% sprinklered (including sleeping areas)?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are all sprinkler heads either recessed or protected by sprinkler head guards?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is smoking indoors prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the use of portable heaters prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, describe the type of heater(s) in use and safety controls _____			
7. Is use of grills or fire-pits on balconies or patios within 10 foot of the building prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does your organization permit animals (i.e. pets) to be on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are permissions limited to trained service animals?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, describe controls/procedures _____			
9. Does your organization have any outdoor playground equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes,			
a. Was all equipment commercially manufactured?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Was all equipment installed by an insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does all equipment have signage indicating recommended age for safe use?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is the equipment gated, including a self-closing mechanism?	<input type="checkbox"/>	<input type="checkbox"/>	
e. How frequently is the equipment inspected for safety? _____			
f. Please indicate the surface installed under the playground equipment _____			
i. If loose-fill material, is it regularly monitored for correct depth and replenished as needed?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Would you like property coverage for any playground equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
h. If yes, describe type of property or equipment, the location and the value below. _____			
10. Does your organization have any other outdoor property?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, 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.. _____			
11. What is your staff to client ratio? _____			
12. Does your organization prohibit acceptance of residents who have been convicted of a violent or sexual crime?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are differing genders provided separate space unless they are part of the same family?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are families provided separate space?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Indicate the type of shelter or housing provided			
Type	No. of Clients	Type	No. of Clients
Half-way House		Respite	
Transitional Housing		Shelter – homeless or battered families	
Long term Shelter		Shelter – victims of sexual abuse	
Single Room Occupancy (SRO)		Detox from addictive substances	
Tent Cities		Sober living (post detox)	
Pallet Houses/Pod Shelters/Tiny Homes		Other (specify) _____	
16. Does your organization provide overflow sheltering in hotels or motels?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Does your organization rent or lease apartments or condo units on behalf of client(s)?	<input type="checkbox"/>	<input type="checkbox"/>	

C. Shelter or Residential Housing Continued**Yes No**

18. Does your organization have documented screening and intake procedures for emergency shelter?

☐ Not Applicable☐ ☐

19. Are any individuals in your extended care programs mentally ill or mentally disordered?

☐ ☐

If yes, complete chart below.

Disorder	Total Percentage of Residents With Disorder
Cognitive disorders: e.g. delirium, dementia, Alzheimer's, or memory problems	_____ %
Conduct disorders: e.g. vandalism, aggression, truancy, problems with impulse control	_____ %
Mood disorders: e.g. bi-polar, mania, manic depressive, depression	_____ %
Psychotic disorders: e.g. schizophrenia or schizoaffective disorder, paranoia	_____ %
Pyromania or fire starting behavior	_____ %
Paraphilic sexual behavior disorders: e.g. pedophilia	_____ %
Suicidal or self-injurious behavior	_____ %
Other – describe _____	_____ %

20. How many individuals have eloped, disappeared, or gone absent from any of your facilities in the last three years? _____

21. If respite care is provided, complete the chart below.

☐ Not Applicable

ADL – Activities of Daily Living	Number Who Require No Physical Assistance	Number Who Require Minimum Physical Assistance	Number Who Require Full Assistance
Bathing (sponge, bath or shower)			
Dressing			
Toileting			
Assistance with incontinence			
Eating			
Walking or Moving (Wheelchair or walker)			
Transferring (in/out of bed or chair)			

22. Does your organization have a fitness center or offer any sport or recreational activities?
(If yes, complete the Athletic or Recreational Activities section.)☐ ☐23. Is your organization affiliated with a religious group or offer any retreat or camp programs?
(If yes, complete the Religious Organization or Retreat and Camp sections.)☐ ☐

24. Does your organization have a pool or offer any swimming activities? (If yes, complete the Pool Supplement.)

☐ ☐**D. Abuse Liability****Yes No**

1. Indicate number of clients, students, or members in each age range 0-18 _____ 19-61 _____ 62+ _____

2. Does your organization have written abuse policies?

☐ ☐

If yes, do the policies:

a. Communicate a Zero-tolerance approach to inappropriate behaviors

☐ ☐

b. Define appropriate and inappropriate behaviors

☐ ☐

c. Communicate the organization will investigate and cooperate with law enforcement

☐ ☐

3. Do you require that employees sign that they have read the organization's written abuse policies and retain the record?

☐ ☐4. 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:

5. How does your organization monitor client areas?

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

D. Abuse Liability Continued

		Yes		No	
6. Indicate all employee and/or volunteer screening controls utilized by your organization:		Employees <input type="checkbox"/> No Employees Yes No		Volunteers <input type="checkbox"/> No Volunteers 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: _____					
7. Indicate all employee and/or volunteer background checks utilized prior to hiring:		<input type="checkbox"/> No Background checks utilized			
		Employees <input type="checkbox"/> No Employees Yes No		Volunteers <input type="checkbox"/> No Volunteers Yes No	
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: _____					
8. Do applications contain a notice that a criminal background check may be run on all candidates?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, does application advise applicant that they may be rejected or terminated based on an unacceptable background check?		<input type="checkbox"/>		<input type="checkbox"/>	
9. Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?		<input type="checkbox"/>		<input type="checkbox"/>	
10. Are all screening controls and background clearance controls completed prior to:		<input type="checkbox"/>		<input type="checkbox"/>	
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 NO response: _____					
11. 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.		<input type="checkbox"/> Prior to hire <input type="checkbox"/> Annually <input type="checkbox"/> Biennially			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Not applicable			
12. Does your organization retain employee and volunteer records, including records of background checks?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, are records retained permanently?		<input type="checkbox"/>		<input type="checkbox"/>	
13. 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?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, explain:					
14. Do you retain reports of situations, occurrences, and allegations of abuse and the actions taken?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, are records retained permanently?		<input type="checkbox"/>		<input type="checkbox"/>	
15. Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?		<input type="checkbox"/>		<input type="checkbox"/>	
If yes, what is your procedure for misconduct?					
If there is an allegation made,		<input type="checkbox"/>		<input type="checkbox"/>	
a.	Do you retain the individual on staff?	<input type="checkbox"/>		<input type="checkbox"/>	
b.	What corrective action is taken?				

D. Abuse Liability Continued**Yes No**

16. Does your organization have a procedure in place for when a child or client has an allegation or incident of misconduct?

☐ ☐

If yes, what is your procedure for misconduct?

If there is an allegation made,

☐ ☐

a. Do you allow the individual to remain in the program?

☐ ☐

b. What additional controls are put in place?

17. Indicate abuse or molestation prevention training provided:

	No Training Provided	Orientation Training Upon Hire / Affiliation	Annual Awareness Training Provided	Is training documented and retained?	
				Yes	No
Employees	<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"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

☐ ☐

19. Does your organization work with Praesidium for abuse risk management? ☐ Not Applicable

☐ ☐

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

☐ ☐

If yes, what limits are required by contract? _____

Please attach complete copy of contract.

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

E. Professional Liability**Yes No**

1. Does your organization provide:

a. Administration of prescriptions

☐ ☐

b. Prescribing of medications

☐ ☐

c. Vaccination or injection of prescribed medications

☐ ☐

d. Blood draw (phlebotomy) or blood testing (diagnostic lab services)

☐ ☐

e. Needle or syringe exchange program (NSP)

☐ ☐

f. Crisis Intervention (hotline, inpatient, etc.)

☐ ☐

g. Sexually Transmitted Infection (STI) / Sexually Transmitted Disease (STD) care

☐ ☐

h. Dental examinations or services

☐ ☐

i. Eye examinations or services

☐ ☐

j. Foot health or Podiatry services

☐ ☐

k. Wound Care services

☐ ☐

l. Invasive or surgical procedures (e.g. Insertion or maintenance of catheters or tubes, biopsies, incision & penetration)

☐ ☐

m. Obstetrical / gynecological services

☐ ☐

n. Alternative or complimentary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)

☐ ☐

o. Narcan availability

☐ ☐

If yes to any of the above, please describe the services provided and the controls in place to limit liability.

2. Does your organization utilize degreed professionals as part of operations?

☐ ☐

E. Professional Liability *Continued***Yes No****If yes,** Indicate the types and numbers of professionals who work for your organization:

Name of Position	Employees	Volunteers	Contractors
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			
Medical Students or Interns			
Therapists (<i>Behavioral, Occupational, Physical, Speech, etc.</i>)			
Peer Counselors			
Social Workers, Psychologists			
Guidance or Vocational Counselors			
Addiction Counselors or Recovery Counselors (<i>licensed or certified; DARC, etc.</i>)			
Religious Professionals (<i>Clergy, Pastor, Minister, etc.</i>)			
Teachers			
Daycare workers			
Other Students or Interns under your supervision			
Other degreed professionals (<i>Describe degree level and position</i>):			

Please describe the responsibilities of any medical staff

3. Of the employees, volunteers and contractors listed above, do any carry their own professional liability or medical malpractice liability insurance? ☐ Yes ☐ No
- If yes,** are procedures in place to verify current insurance is maintained at all times? ☐ Yes ☐ No
4. 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? ☐ Yes ☐ No
- If yes,** are procedures in place to verify current licenses and/or certifications are maintained? ☐ Yes ☐ No
5. Does your current insurance program provide professional liability coverage? ☐ Yes ☐ No
- If yes,** is your professional policy claims-made coverage? ☐ Yes ☐ No
6. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? ☐ Yes ☐ No
7. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? ☐ Yes ☐ No
8. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? ☐ Yes ☐ No
9. 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? ☐ Yes ☐ No

If yes, please provide details _____**F. Sale or Distribution of Food or Merchandise (*including gift shops and cafes*)****Yes No**

1. Goods distributed or sold by the organization: ☐ Food ☐ New merchandise ☐ Used merchandise
2. Goods arrive at your premises by:
☐ Other organizations deliver ☐ Picked up in owned vehicles ☐ Picked up in non- owned vehicles
3. Goods are distributed by:
☐ Picked up at your location by individuals/families ☐ Picked up by other organizations
☐ Delivered in owned autos or trucks ☐ Delivered in employee owned autos
- a. What radius do volunteers/employees drive? _____

F. Sale or Distribution of Food or Merchandise *Continued*

	Yes	No
b. Are strict routes & timetables enforced?	<input type="checkbox"/>	<input type="checkbox"/>
4. Food is: <input type="checkbox"/> Sold – Gross sales: \$ _____		
<input type="checkbox"/> Distributed to individuals – value distributed: \$ _____ pounds distributed: _____		
<input type="checkbox"/> Distributed to other organizations – value distributed: \$ _____ pounds distributed: _____		
a. Are incoming goods sorted to identify spoiled or recalled items?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are expirations dates of food products monitored?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization use insecticide or pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
d. If yes , is application completed by a licensed and insured contractor?	<input type="checkbox"/>	<input type="checkbox"/>
e. Does your organization monitor refrigerator system to ensure that temperatures do not fall below acceptable levels? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
If yes , how is the temperature monitored?		
f. Is there a backup generator for the refrigerator system? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization have commercial cooking facilities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
a. Please indicate type(s): <input type="checkbox"/> Commercial Electric Stove/Oven <input type="checkbox"/> Commercial Gas Stove/Oven <input type="checkbox"/> Deep Fryer		
b. Is the cooking equipment protected by a hood system?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , does the hood system contain fire suppression?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is the fire suppression system connected to the building fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Is the hood system cleaned on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Who conducts the hood cleaning? <input type="checkbox"/> Internal <input type="checkbox"/> Third-party Contractor <input type="checkbox"/> Other _____		
iv. When was the last hood system inspection? _____		
6. Goods / Merchandise is: <input type="checkbox"/> Sold – Gross sales: \$ _____		
<input type="checkbox"/> Distributed to individuals – value distributed: \$ _____		
<input type="checkbox"/> Distributed to other organizations – value distributed: \$ _____		
a. Does the value of any item for sale exceed \$500?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe items		
b. Are incoming goods sorted to identify recalled or hazardous items?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization accept electrical merchandise for donation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does your organization provide any warranties of quality or safety?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , provide a copy		
e. Are all sales indicated to be “as is?”	<input type="checkbox"/>	<input type="checkbox"/>
If yes , this is indicated by: <input type="checkbox"/> Signs <input type="checkbox"/> Receipts <input type="checkbox"/> Other: _____		
7. Does your organization refurbish, repair, repackage, re-label, remove labels or in any other way modify items (<i>excluding cosmetic changes</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization publish and enforce housekeeping guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , attach copy of housekeeping rules.		
9. Are all outdoor dumpsters fenced in with lockable gates to discourage trespassers and help prevent injury or fire.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are outdoor dumpsters located 10 ft or more from the building?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are outdoor donation bins or trailers located 5 ft or more from the building? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>

F. Sale or Distribution of Food or Merchandise Continued

Yes No

12. Are forklifts used?

☐ ☐**If yes:**

a. Do forklifts have back-up alarms?

☐ ☐

b. Are forklift drivers certified?

☐ ☐

13. Does your organization want property coverage for stock or merchandise held for sale?

☐ ☐**If yes**, attach market value for inventory per location and complete a-d

a. How often are inventory records updated? _____

b. Is any stock stored outside after business hours?

☐ ☐

c. Do inventory values submitted include goods in donation boxes or trailers?

☐ ☐**G. Vocational Rehabilitation Services or Job Training**☐ Not Applicable

Yes No

1. Number of: Supervisors/trainers: _____ Total clients per day: _____

2. Indicate the types of vocational or job training offered as well as the applicable payroll or revenue generated and an example of the largest equipment utilized in those operations.

Name of Position	Annual Payroll	Revenues Generated	Example of Largest Equipment Utilized
Appliance or vehicle repair			
Bakery Services			
Catering Services			
Construction or Roofing			
Electrical Services			
Janitorial Services			
Landscaping Services			
Metalworking Services			
Recycling Services			
Woodworking Services			
Other _____			

3. Are all client workers covered under your workers compensation policy?

☐ ☐**If no**, are clients covered under any other organization's workers compensation?☐ ☐

4. Does your organization have a safety coordinator for your vocational programs?

☐ ☐

5. Does your organization have an orientation program which all staff and regularly scheduled volunteers complete within their first month at the facility?

☐ ☐**If yes**, does orientation include:

a. A review of the facility's safety procedures?

☐ ☐

b. Training in emergency procedures (including first aid)?

☐ ☐

c. Job responsibilities?

☐ ☐**H. Religious Organization**☐ Not Applicable

Yes No

1. Religious affiliation or denomination _____

2. Are any dwellings owned or leased by your organization?

☐ ☐**If yes**, is housing restricted to clergy only?☐ ☐

3. Are any special features such as pipe organs, stained glass, statuary, mosaics, custom stonework, etc. part of the building?

☐ ☐**If yes**, attach a schedule of fine arts with values for each item.

I. Retreat and/or Camp Programs
☐ Not Applicable Yes No

1. Indicate the type of program and number of attendees per day.

Program Type	Overnight Retreats On Site	Overnight Retreats Off Site	Day Programs On Site	Day Programs Off Site
Attendees Per Day				
Number of Days				

2. Number of attendees in each age range: under 12 _____ age 12 –17 _____ over age 18 _____

3. Are activities/programs set up to prevent younger attendees from mingling with junior high and high school age attendees? ☐ Yes ☐ No

4. What is your attendee to staff ratio: _____

5. Total number of: Adult Counselors: _____ Youth Counselors: _____ Volunteers: _____

6. What life saving skills are required of the counselors?

☐ AED ☐ CPR ☐ Lifeguard Training ☐ Other _____
7. Does your organization require a signed waiver, including a hold harmless agreement, be signed by parent(s)/guardian(s) prior to participation? ☐ Yes ☐ NoIf yes, has an attorney reviewed the waiver on your behalf? ☐ Yes ☐ No

Please provide a copy of the waiver

8. What lifesaving skills are required of the counselors? ☐ CPR ☐ Lifeguard Training ☐ First Aid☐ Other _____9. Does your organization keep a medical history file for each attendee? ☐ Yes ☐ NoIf yes, is it secured? ☐ Yes ☐ No10. Are food allergy procedures in place? ☐ Yes ☐ No11. Are prescription medication procedures in place (inclusive of storage and authorized dispensing instructions)? ☐ Yes ☐ No12. Is a nurse or doctor on-site? ☐ Yes ☐ No13. Is the retreat/ camp located in a remote area? ☐ Yes ☐ No

If yes, complete the property questionnaire for this risk.

14. Is the retreat/ camp open seasonally (closed during off-season)? ☐ Yes ☐ No

If yes,

a. Does a caretaker live on the camp premises year-round? ☐ Yes ☐ Nob. Water turned off at the source and drained from internal pipes of buildings not in use? ☐ Yes ☐ No

c. Which utilities remain on during off-season? _____

d. How often is camp inspected during the off-season? _____

J. Childcare Services
☐ Not Applicable Yes No

1. Indicate the number of youth as applicable in the programs table below.

On Site-Locations (Copy this sheet if additional space if needed)	Licensed Daycare		Before/After School Age Program		Babysitting Program	
	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff

Off Site-Locations (Copy this sheet if additional space if needed)	Licensed Daycare		Before/After School Age Program		Babysitting Program	
	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff	Average Daily Attendance	Number of Staff

2. Are drop off/pick-up procedures in place? ☐ Yes ☐ On-site ☐ Off-site ☐ No ☐ Not Applicable3. Is large furniture bolted to walls? ☐ Yes ☐ No4. Is the facility fully equipped with permanent Tamper Resistant Receptacles? ☐ Yes ☐ No

K. Fitness or Recreational Activities
☐ Not Applicable Yes No

1. Does your organization provide 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"/>
2. Does your organization offer recreational activities?	<input type="checkbox"/>	<input type="checkbox"/>
a. Indicate the recreational activities provided by your organization:		
<input type="checkbox"/> Baseball / Softball	<input type="checkbox"/> Soccer	<input type="checkbox"/> Inflatable devices, bouncers
<input type="checkbox"/> Basketball	<input type="checkbox"/> Biking, mountain biking, BMX, etc	<input type="checkbox"/> Skiing (downhill) or snowboarding
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Use of motorize vehicles (<i>ATV, motorcycles, etc.</i>)	<input type="checkbox"/> Swim or Dive
<input type="checkbox"/> Netted Racquet sports (<i>i.e. Tennis, Pickleball</i>)	<input type="checkbox"/> Outdoor rock climbing, rappelling	<input type="checkbox"/> Boats or Water Towing Sports
<input type="checkbox"/> Walled Raquet sports (<i>i.e. Raquetball, Squash</i>)	<input type="checkbox"/> Obstacle Course(s)	<input type="checkbox"/> Wilderness Trips
<input type="checkbox"/> Other: Describe _____		
b. Describe safety controls in place for each activity		
c. Does your organization organize or offer team or league sports?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, total number of registrants and description of sports _____		
3. Does your organization require a signed waiver specific to either the fitness center or the recreational activity, including a hold harmless agreement, be signed annually by the participating individual (or parent(s)/guardian(s)) prior to participation in fitness or recreational activities?	<input type="checkbox"/>	<input type="checkbox"/>
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>		

L. Special Events
☐ Not Applicable Yes No

1. Total number of events in policy period: _____		
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.		

L. Special Events *Continued*

Provide the following information:	Event 1		Event 2		Event 3	
	Yes	No	Yes	No	Yes	No
Name of event:						
Location of event:						
Does this event occur annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date and time of event:						
Total estimated attendance:						
Gross sales from admissions:	\$ _____		\$ _____		\$ _____	
Gross sales from food and non-alcoholic beverage sales:	\$ _____		\$ _____		\$ _____	
Other gross sales (auction, gambling, etc.):	\$ _____		\$ _____		\$ _____	
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"/>
Golf carts or trams utilized?	<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 or Watercraft	M. Amusement devices or Inflatable devices				
D. Auction	I. Animals	N. Other: Describe: _____				
E. House or garden tour	J. Athletic participation	O. Other: Describe: _____				
4. Describe safety controls in place for any selected activities			<input type="checkbox"/> Not Applicable			
5. Are any of the above indicated activities provided by a contracted third party?			<input type="checkbox"/> Not Applicable		<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you require a certificate of insurance from the third party?					<input type="checkbox"/>	<input type="checkbox"/>
6. Describe all amusement or inflatable devices used at event(s):			<input type="checkbox"/> Not Applicable			
a. When applicable, are the indicated devices installed and operated by an insured contractor?					<input type="checkbox"/>	<input type="checkbox"/>
7. Does any event include a parade?					<input type="checkbox"/>	<input type="checkbox"/>
If yes, <input type="checkbox"/> Participation Only <input type="checkbox"/> Sponsor of Co-Sponsor						
a. Number of: floats _____ horses _____ participants _____						
b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants?					<input type="checkbox"/>	<input type="checkbox"/>
8. Is there Liquor or Alcohol Served or Sold at your events?					<input type="checkbox"/>	<input type="checkbox"/>
a. If served without charge, total annual cost of alcohol purchased to serve at events: \$ _____						
b. If sold, gross annual alcohol sales: \$ _____						
c. Type of alcohol served or sold? <input type="checkbox"/> Beer only <input type="checkbox"/> Beer and wine only <input type="checkbox"/> Beer, wine and/or liquor						
d. Type of liquor license obtained? <input type="checkbox"/> Permit for event only <input type="checkbox"/> Annual liquor license <input type="checkbox"/> Not Applicable <input type="checkbox"/> Alcohol served by third party						
e. Is any employee or volunteer of your organization responsible for serving alcohol?					<input type="checkbox"/>	<input type="checkbox"/>
f. What alcohol dispensing controls are in place?						
<input type="checkbox"/> Formal server training (TIPS/ TAPS)			<input type="checkbox"/> Drink tickets limited to _____ per person			
<input type="checkbox"/> ID check prior to admission			<input type="checkbox"/> Wrist bands identifying >21 _____			
<input type="checkbox"/> ID checked at purchase			<input type="checkbox"/> Other; Describe _____			

L. Special Events Continued

9. If applicable, indicate who provides security and whether they are armed or unarmed:
- | | | | | |
|------------------------------------|-------------------------------------|---|---|--|
| <input type="checkbox"/> Employees | <input type="checkbox"/> Volunteers | <input type="checkbox"/> Contracted Third Party | <input type="checkbox"/> On-Duty Police | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Unarmed | <input type="checkbox"/> Armed | | | <input type="checkbox"/> Off-Duty Police |

M. Automobile Coverage/Hired and Non-Owned Auto

Yes No

1. Does your organization spend more than \$2,500 on vehicle rentals per year? ☐ Not Applicable ☐ Yes ☐ No
- If yes**, annual cost: \$ _____
- a. Are the vehicles leased with a driver (chartered)? ☐ Yes ☐ No
- b. Please describe the types of vehicles: _____
2. Does your organization contract with a third-party bus contractor to transport clients? ☐ Yes ☐ No
- If yes**,
- a. Does your organization require a certificate of insurance from the bus contractor? ☐ Yes ☐ No
- b. Is your organization named as an additional insured on the bus contractor's insurance policy? ☐ Yes ☐ No
- c. Does the contract contain hold harmless and/ or indemnification wording in your organization's favor? ☐ Yes ☐ No
2. Please indicate the types of vehicles used by your organization (*select all applicable*)
- ☐ Owned ☐ Long-term Leased ☐ Leased with a driver (*or chartered*)
- Please describe the types of vehicles: _____
3. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs: _____
- a. Indicate type of usage (*select all that apply and provide description*):
- | | | | |
|--------------------------------|--------------------------------|---------------------------------|--|
| Errands: | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Average Number of trips per week: _____ |
| Delivery of meals or property: | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Average Number of trips per week: _____ |
| Transportation of others: | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> 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? ☐ Yes ☐ No
- c. Does your organization require at least 100,000 personal auto policy limits? ☐ Yes ☐ No
4. Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ Yes ☐ No
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? ☐ Yes ☐ No
- b. Driver has a major violation in last 5 years (*driving while intoxicated, reckless driving, leaving the scene, etc.*)? ☐ Yes ☐ No
- c. Driver has a suspended, expired, or revoked license? ☐ Yes ☐ No
6. Does your organization have a distracted driver policy in place for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ Yes ☐ No
- If yes**, how is it enforced: _____
7. Does management have and enforce a written policy restricting use of electronic devices (*including cellphones, smart phone technology*) for all drivers while driving for business purposes? ☐ Yes ☐ No

N. Automobile Coverage/Owned Auto

Yes No

1. Does your organization have any special use trailers? ☐ Yes ☐ No
- | | |
|--|--|
| <input type="checkbox"/> Mobile Laundry: Cost New _____ | <input type="checkbox"/> Mobile Shower: Cost New _____ |
| <input type="checkbox"/> Mobile Food Truck: Cost New _____ | <input type="checkbox"/> Mobile Clinic: Cost New _____ |
2. Are all autos submitted for coverage titled to the organization? ☐ Yes ☐ No
- If no**, describe which autos are not titled to the organization and list the titled owner: _____

N. Automobile Coverage/Owned Auto *Continued***Yes No**3. Please indicate the types of vehicles used by your organization (*select all applicable*)☐ Owned _____ ☐ Long-term Leased _____

4. Does your organization lease or loan owned vehicles out to other entities?

☐ ☐**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?

☐ NA ☐ ☐

c. Does your organization follow 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. Is your organization submitting more than 5 autos for coverage?

☐ ☐**If yes**, what types of driver training do you provide your drivers?Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other _____Training Types: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van
☐ Wheelchair lift training ☐ Other _____Frequency of Training: ☐ At time of hire ☐ Monthly ☐ Semi-annually ☐ Annually
☐ Randomly (*based on incidents*) ☐ Other _____

6. Does your organization have a dashboard camera installed in all owned vehicles?

☐ ☐**If yes**, please indicate the type(s): ☐ Forward facing only ☐ Forward and rear cameras

7. Does your organization utilize telematics?

☐ ☐a. **If yes**, on how many vehicles? _____

b. Who is your telematics provider? _____

c. What types of telematics programs are you using?:

☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ Other _____**O. 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 taken by you or someone in your organization?

☐ ☐

Does your organization sell music or printed materials created, published or produced by someone within your organization?

☐ ☐

Does your organization air television, radio or internet broadcast segments (podcasts / blogs / etc.), public service announcements (PSAs) or shows?

☐ ☐**If yes** to any if the abovea. 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. Frequency of broadcast segments: ☐ N/A ☐ Daily ☐ Weekly ☐ Monthly ☐ Infrequently

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

d. Do you 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.

P. Shelter Pools and Water Recreation Supplement☐ Not Applicable

Yes

No

1. Does your organization own, lease, or operate any swimming pools?

☐☐**If yes,**

a. Number of pools on premises: _____

b. Does your organization test to identify swimmers and non-swimmers?

☐☐

c. Are pool rules posted?

☐☐**If yes, do the rules include:**

a. Minors must be accompanied by an adult

☐☐

b. No diving from pool deck

☐☐

c. No breath holding

☐☐

d. Are trained lifeguards present during all pool hours?

☐☐**If no, does signage indicate:**

a. Pool Hours

☐☐

b. No lifeguard on duty; swim at your own risk

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

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

Pool information:	Pool 1			Pool 2			Pool 3		
	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No
Pool Location:									
Pool Size and description									
Indicate number of drains:									
Indicate shallow-end depth:									
Indicate deep-end depth:									
Where is depth indicated (e.g. Pool deck, Bottom, Both, Other)									
Number of depth markings around pool?									
Number of Diving Boards	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____		<input type="checkbox"/>	_____	
And Height of Diving Boards	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____		<input type="checkbox"/>	_____	
Is the pool indoor?	<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"/>
Are there suspended ceilings above pool?	<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"/>
Are ceilings inspected by outside contractor?	<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"/>
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"/>
Anti-entrapment equipped?		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Number of certified lifeguards on duty?									
If any, Indicate lifeguard station location(s):									
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?		<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"/>

P. Shelter Pools and Water Recreation Supplement *Continued*

	Yes	No
3. Does your organization own or operate any hot tubs or whirlpools?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, number of hot tubs and whirlpools: _____		
a. Do all hot tubs or whirlpools have at least 2 drains?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a clearly marked emergency pump shutoff switch nearby?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are temperatures always kept at 104° or less?	<input type="checkbox"/>	<input type="checkbox"/>
d. Operated on an automatic timer?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are unsupervised minors prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is hot tub or whirlpool equipped with anti-entrapment drain covers or systems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe systems installed and date for each pool: _____		
4. Does your organization have any water park playground areas or splash pads?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, number of elements: _____		
a. Is there stationed supervision?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the water playground or splash pad separated from pool areas?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the area enclosed?	<input type="checkbox"/>	<input type="checkbox"/>
d. Describe surfacing and playground elements: _____		

Completed by _____ Title _____ Email _____
 Signature _____ Date Completed: _____

Fraud Warning Statement

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

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

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

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

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

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

Fraud Warning Statement *Continued*

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.