

YMCA 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 _____ 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 _____

Who is your previous insurance carrier? _____

Yes No

Has there been a lapse in coverage? ☐ ☐

2. Program participants in each age range: <18 _____ 18-61 _____ 62+ _____

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.

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

- | | |
|--|---|
| <input type="checkbox"/> Alternative medicine (e.g. acupuncture, chiropractic, diet, etc.) | <input type="checkbox"/> Drone classes or services |
| <input type="checkbox"/> Counseling for individuals with eating disorders | <input type="checkbox"/> Detoxification or methadone services |
| <input type="checkbox"/> One-on-one or peer counseling | <input type="checkbox"/> Fiscal sponsorship or insurance coverage to other entities |
| <input type="checkbox"/> Crisis intervention (e.g. hotline, inpatient, etc.) | <input type="checkbox"/> Individuals with suicidal or violent behavior |
| <input type="checkbox"/> Financial or lending services or handling of clients' money | <input type="checkbox"/> Foreign exchange programs |
| <input type="checkbox"/> Adoption or foster placement | <input type="checkbox"/> Sponsoring rallies, civil demonstrations, or protests |
| <input type="checkbox"/> In-home Services (e.g. meal delivery, chore assistance, etc.) | <input type="checkbox"/> Behavioral health services |
| <input type="checkbox"/> Respite Care or Foster Care | <input type="checkbox"/> Political action (e.g. lobbying, petitioning, etc.) |
| <input type="checkbox"/> Individuals with Alzheimer's or dementia | <input type="checkbox"/> Infectious or contagious disease |
| <input type="checkbox"/> Mentoring programs matching youth with mentors | <input type="checkbox"/> Individuals with severe mental illness (e.g. bipolar, schizophrenia, paranoia, etc.) |
| <input type="checkbox"/> Alternative sentencing, incarceration or lock-down programs | <input type="checkbox"/> Assistance with Activities of Daily Living (e.g. bathing, dressing, toileting, etc.) _____ |
| <input type="checkbox"/> Sexual offenders or Individuals with sexually abusive behavior | <input type="checkbox"/> Medical services (e.g. skilled nursing, prescription of medications, etc.) |
| <input type="checkbox"/> Legal advocacy or legal services | <input type="checkbox"/> Cannabis dispensing, storage, or permitted use (medical or recreational) |
| <input type="checkbox"/> None of the above services or programs are applicable | |

If yes, any listed above, describe:

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

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

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? ☐ Yes ☐ Noc. Does your facility have aluminum wiring? ☐ Yes ☐ Nod. Does the electrical have knob and tube wiring? ☐ Yes ☐ No

e. Who completes your electrical repairs?

☐ Licensed electrician ☐ Volunteer ☐ Other _____7. Does your organization have any outdoor playground equipment? ☐ Yes ☐ No**If yes,** a. Was all equipment commercially manufactured? ☐ Yes ☐ Nob. Was all equipment installed by an insured contractor? ☐ Yes ☐ Noc. Does all equipment have signage indicating recommended age for safe use? ☐ Yes ☐ Nod. Is the outdoor equipment gated including a self-closing mechanism? ☐ Yes ☐ No

e. How frequently is the playground inspected for safety?

☐ Weekly ☐ Monthly ☐ Quarterly ☐ Other _____

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

g. If loose-fill material, is it regularly monitored for correct depth and replenished as needed? ☐ Yes ☐ No ☐ NAh. Would you like property coverage for any playground equipment? ☐ Yes ☐ No**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, fences, equipment, etc.*)? ☐ Yes ☐ No**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 application9. Does your organization have any solar panels? ☐ Yes ☐ No

kilowatt (kW) _____ number of panels _____ age of panels _____

10. Does your organization have any air-supported or tension supported buildings? ☐ Yes ☐ No**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? ☐ Yes ☐ No☐ **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*)

Building Systems: ☐ Electronic locks ☐ Automated Access Control System ☐ Alarmed doors
☐ Security cameras ☐ Surveillance Cameras ☐ Metal detectors
☐ Emergency drills

A. General Operations and Facilities Continued

	Yes	No
13. Does your organization have security guards for regular operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
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_____		
<i>If contracted, provide copy of contract.</i>		
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 _____		
14. Are firearms or any other weapons permitted on premises (by employees, volunteers, clients, or residents)?	<input type="checkbox"/>	<input type="checkbox"/>
If no , are signed posted at entrances to inform visitors?	<input type="checkbox"/>	<input type="checkbox"/>
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

	Yes	No
1. Does your organization have a risk manager on staff?	<input type="checkbox"/>	<input type="checkbox"/>
Name _____ Title _____		
Email _____ Phone _____		
2. Indicate all employee (and/or volunteer) screening controls utilized by your organization.	<input type="checkbox"/>	<input type="checkbox"/>
	EMPLOYEES	VOLUNTEERS
	<input type="checkbox"/> No Employees	<input type="checkbox"/> No Volunteers
	Yes No	Yes No
a. Signed applications and photo identification required	<input type="checkbox"/>	<input type="checkbox"/>
b. Personal interviews conducted	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal references verified	<input type="checkbox"/>	<input type="checkbox"/>
d. Minimum 5 years of employment verified	<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO response: _____		
3. Indicate all employee (and/or volunteer) background checks utilized by your organization	<input type="checkbox"/>	<input type="checkbox"/>
	EMPLOYEES	VOLUNTEERS
	<input type="checkbox"/> No Employees	<input type="checkbox"/> No Volunteers
	Yes No	Yes No
a. Name check – state level	<input type="checkbox"/>	<input type="checkbox"/>

B. Management Practices <i>Continued</i>	EMPLOYEES		VOLUNTEERS	
	Yes	No	Yes	No
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 - National level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO response: _____				
e. Description of other screening methods:				
4. 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"/>
5. Does your organization allow volunteers under the age of 18?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, is a Parent or Guardian required to sign a volunteer waiver and release for those under the age of 18?			<input type="checkbox"/>	<input type="checkbox"/>
6. Are all screening controls and background clearance controls completed prior to:				
a. Hiring employee or accepting volunteer?			<input type="checkbox"/>	<input type="checkbox"/>
Explain any NO responses:				
7. How long do you retain incident reports for injuries and documentation of actions taken?				
<input type="checkbox"/> Number of years _____ <input type="checkbox"/> Permanently				

C. Organizations in Business Less than 3 Years

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

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

Attach copies of business plan and executive staff résumés.

D. Physical and Sexual Abuse Liability	<input type="checkbox"/> Not Applicable	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"/>
3. Does your organization enforce the 3-person rule? <i>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.</i>		<input type="checkbox"/>	<input type="checkbox"/>
If no, explain and include details on controls in place:			

D. Physical and Sexual Abuse Liability Continued**Yes****No**

4. How does your organization monitor client areas?

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

5. Does your organization routinely conduct sex offender screening on all employees, volunteers, and contractors?

☐☐**If yes**, do you collect signed acknowledgements that advise that the individual may be rejected or terminated if a sex offender match occurs?☐☐6. Does your organization screen employees (*and volunteers*) through a validated criminal data base (*including both background and sex-offender*) prior to:

a. Employee or Volunteer contact with client?

☐☐Explain any **NO** response _____7. How frequently does your organization screen employees (*and volunteers*) through a validated criminal data base (*including both background and sex-offender*)? Check all that apply.☐ Prior to hire☐ Annually☐ Biennially☐ Not applicable☐ Other _____

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

☐☐**If yes**, are records retained permanently?☐☐

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

☐☐**If yes**, explain:

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

☐☐**If yes**, are records retained permanently?☐☐

11. Does your organization have a procedure in place for when an employee or volunteer has an allegation or claim made against them for misconduct?

☐☐**If yes**, what is your procedure for misconduct?**If there is an allegation made,**

a. Does your organization retain the individual on staff?

☐☐

b. What corrective action is taken?

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

☐☐**If yes**, what is your procedure for misconduct?**If there is an allegation made,**

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

☐☐

b. What additional controls are put in place?

13. Indicate abuse or molestation prevention training provided:

D. Physical and Sexual Abuse Liability Continued

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

E. Liability☐ Not Applicable1. List number of employees (*full or part-time*), volunteers and contractors by position:☐ Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Teachers, daycare workers			
Special education teachers, Board Certified Behavior Analysts (BCBA)			
Massage Therapists			
Personal Trainers			
Lifeguards			
Camp Counselors			
Mental health professionals (e.g. psychologists, social workers, counselors)			
Nurse Practitioners (NP, APRN), Physician Assistants (PA) or others with authority to prescribe medication			
Nurses without authority to prescribe medication			
Medical doctors, Dentists, Psychiatrists, or others with specialty medical degrees			
Other degreed professionals (<i>Describe degree level and position</i>):			

Please describe the responsibilities of any medical staff:

2. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, are procedures in place to verify current insurance is maintained at all times?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you maintain copies of licenses and/or certifications for all employed, volunteer and contracted professionals who are required to be licensed and/or certified?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are procedures in place to verify current licenses and/or certifications are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any employee ever been reprimanded, refused admission or suspended by any association or administrative agency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>

E. Liability Continued**Yes No**

6. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? ☐ ☐
7. Is your organization aware of any situations or circumstances in the last five years (*including lawsuits*) that may result in a professional claim made against your organization or any individual covered by this policy? ☐ ☐

If yes, please provide details.

F. Hired and Non-Owned Automobile**Yes No**

1. Does your organization spend more than \$2,500 on vehicle rentals per year? ☐ **Not Applicable** ☐ ☐

If yes, annual cost \$ _____

- a. Are the vehicles leased with a driver (*chartered*)? ☐ ☐
- b. Please describe the types of vehicles _____

2. Does your organization contract with a third-party bus contractor to transport clients? ☐ ☐

If yes,

- a. Does your organization require a certificate of insurance from the bus contractor? ☐ ☐
- b. Is your organization named as an additional insured on the bus contractor's insurance policy? ☐ ☐
- c. Does the contract contain hold harmless and/or indemnification wording in your organization's favor? ☐ ☐

3. Provide the total number of employees, volunteers, and contractors using their personal auto for your business needs _____ ☐ **Not Applicable**

a. Indicate type of usage (*select all that apply and provide description*):

- | | | |
|---|---|----------------------------------|
| <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 |

*If transportation of others is provided, respond to Question #4 in the Owned Auto section.

- b. Does your organization require proof of personal auto insurance annually? ☐ ☐
- c. Does your organization require at least 100,000 personal auto policy limits? ☐ ☐
4. Does your organization run Motor Vehicle Reports (MVRs) at the time of hire and annually, for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ ☐
5. Regarding MVR acceptability, does your organization restrict/suspend driver eligibility if
- a. Driver has more than 2 moving violations/accidents within past three years? ☐ ☐
- b. Driver has a major violation in last 5 years (*driving while intoxicated, reckless driving, leaving the scene, etc.*)? ☐ ☐
- c. Driver has a suspended, expired, or revoked license? ☐ ☐
6. Does your organization have a distracted driver policy in place for all drivers (*including employees and volunteers driving either non-owned vehicles or owned vehicles*)? ☐ ☐
- If yes, how is it enforced _____
7. Does management have and enforce a written policy restricting use of electronic devices (*including cellphones, smart phone technology*) for all drivers while driving for business purposes? ☐ ☐

G. Owned 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 _____

G. Owned Automobile *Continued***Yes No**2. Please indicate the types of vehicles used by your organization (*select all applicable*)☐ Owned _____ ☐ Long-term Leased _____

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

☐ ☐

4. Does your organization provide transportation to any clients, employees, or the general public?

☐ ☐**If yes, describe services** _____

a. Are strict routes and timetables enforced?

☐ ☐

b. When transporting passengers younger than 18 years of age, are 2 adults present?

☐ ☐

c. Is your organization following all applicable state and federal licensing laws?

☐ ☐

d. Does your organization maintain driver files on CDL licensed drivers?

☐ ☐

e. Do any autos have wheelchair lifts?

☐ ☐

f. How many 12-15 passenger vans are owned? _____

5. What types of driver training does your organization provide for drivers?

Training Methods: ☐ Document Distribution ☐ Classroom Training ☐ Road Testing ☐ Other _____Training Topics: ☐ Defensive Driving ☐ Distracted Driving ☐ Passenger Van ☐ Weather-Related
☐ Wheelchair lifts ☐ Other _____Training Frequency: ☐ At time of hire ☐ Monthly ☐ Semi-annually ☐ Annually ☐ Randomly (*as needed*)
☐ Other _____

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

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

7. Does your organization utilize telematics?

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

b. Who is the telematics provider? _____

c. What types of telematics programs are utilized?

☐ Data Sensors ☐ Integrated GPS Navigation ☐ Wireless Mobile Devices ☐ Other _____**H. Clubs, Health Clubs, or Fitness Centers**☐ Not Applicable **Yes No**

1. Does your organization own, lease, rent or use any buildings or locations?

☐ ☐**If yes,**a. Select all applicable: ☐ Own ☐ Lease ☐ Rent ☐ Use with permission

b. What are the hours of operation each day?

Mon-Thurs _____ Fri _____ Sat _____ Sun _____

c. Are employees always on-site during operating hours?

☐ ☐

d. Is member access to the facility restricted to operating hours?

☐ ☐

e. Is club access restricted to club members and their guests?

☐ ☐

f. Describe fitness center guidelines applicable to minors:

2. Indicate all applicable sources of income and gross sales from each:

☐ Membership or initiation fees \$ _____ ☐ Other sales or income \$ _____

3. Does your organization require all clients to register and complete a waiver as part of membership?

☐ ☐

H. Clubs, Health Clubs, or Fitness Centers *Continued*

	Yes	No
Are members' guests required to complete a waiver?	<input type="checkbox"/>	<input type="checkbox"/>
<i>*Please provide a copy of the waiver.</i>		
4. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach a copy of your most recent inspection.		
a. Were any violations or deficiencies found in your most recent inspection?	<input type="checkbox"/>	<input type="checkbox"/>
b. How often are you subject to inspection and by what authority? _____		
5. How often do you inspect your premises and equipment? _____		
6. Does your organization maintain an inspection log to document inspections?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was equipment installed by certified contractors?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the equipment serviced and maintained according to manufacturer specifications?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the equipment operated in accordance with manufacturer instructions?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your organization require at least one CPR and First Aid certified employee to be on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your organization have automatic external defibrillators (AED)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Is the AED maintained according to manufacturer recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does all staff receive AED training?	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. Are incident reports completed and maintained for all injuries, regardless of severity?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does your facility sponsor competitions/races or individuals/teams that participate in competitions/races?	<input type="checkbox"/>	<input type="checkbox"/>
17. Please indicate if your facility offers any of the following services or programs:		
<input type="checkbox"/> Fitness:	<input type="checkbox"/> Hot Yoga	<input type="checkbox"/> Aerial Silks or hammocks
	<input type="checkbox"/> CrossFit	<input type="checkbox"/> Other _____
<input type="checkbox"/> Suspension Training (TRX, etc.)		
<input type="checkbox"/> Spa Services:	<input type="checkbox"/> Salon/hair services	<input type="checkbox"/> Body wrapping
	<input type="checkbox"/> Cryotherapy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Massage		<input type="checkbox"/> Facials
<input type="checkbox"/> Diet/Weight Loss Services:	<input type="checkbox"/> Nutritional counseling	<input type="checkbox"/> Weight loss competition(s)
	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Medical/Lab Services:	<input type="checkbox"/> Physicals/stress testing	<input type="checkbox"/> Blood analysis
	<input type="checkbox"/> Sports medicine/rehab	<input type="checkbox"/> Other _____
	Yes	No
18. Does your organization offer boxing, kickboxing, or martial arts programs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Identify the program(s) contact level		
<input type="checkbox"/> Non-contact	<input type="checkbox"/> Light contact	<input type="checkbox"/> Medium contact
<input type="checkbox"/> Full contact		
b. Is protective padding used during sparring?	<input type="checkbox"/>	<input type="checkbox"/>

H. Clubs, Health Clubs, or Fitness Centers *Continued*

Yes

No

c.	Are any bladed weapons ever used?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
d.	Describe specific types of martial arts offered and safety equipment required:			
19.	Does your facility operate a tanning bed or tanning booth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, Gross Sales \$ _____ Number of Beds _____ Number of Booths _____			
a.	Does your organization obtain signed waiver specific to tanning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Does your organization follow manufacturer guidelines for use, servicing, and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Does the insured regulate the device timing controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Does the insured sanitize the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Does your organization employ any Certified Athletic Trainers (CAT)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please describe daily activities of CAT:			

I. Childcare Services and Before/After School Programs *(including Head Start, Latchkey, etc.)*

☐ **Not Applicable**

1. Complete chart below. **If additional space is required, provide information on an attachment.**

**Count each child as one attendee for Average Daily Attendance*

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

2. What services does your organization provide (check all applicable):

School:	<input type="checkbox"/> Art, Dance, Theater, Music	<input type="checkbox"/> Head Start	<input type="checkbox"/> Latchkey
Special Needs:	<input type="checkbox"/> Developmentally impaired	<input type="checkbox"/> Learning impaired	<input type="checkbox"/> Physically impaired
	<input type="checkbox"/> Psychologically impaired		

Yes

No

3.	Are drop off/pick-up procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
4.	Are visitor check-in/check-out procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> On-site <input type="checkbox"/> Off-site		
5.	Does program policy allow the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, provide policies and procedures.		
	If no, is there a formal, written policy prohibiting the use of corporal punishment?	<input type="checkbox"/>	<input type="checkbox"/>

I. Childcare Services and Before/After School Programs Continued**Yes No**

- | | | |
|---|--------------------------|--------------------------|
| 6. Are food allergy procedures in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are prescription medication procedures in place <i>(inclusive of storage and authorized dispensing instructions)</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are services for impaired students and daycare limited to the first floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is large furniture bolted to walls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the facility fully equipped with permanent Tamper Resistant Receptacles? | <input type="checkbox"/> | <input type="checkbox"/> |

J. Camps *(including summer programs, day camps or overnight)*☐ **Not Applicable****Yes No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Is your organization accredited by the ACA <i>(American Camp Association)</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Please list any additional accreditations:

- | |
|---|
| 2. Complete chart below. If additional space is required, provide information on an attachment. |
|---|

**Count each registrant as one attendee*

Program Type	Summer Programs On Site	Summer Programs Off Site	Day Camps On Site	Day Camps Off Site	Overnight Camps
Number of Attendees per day					
Number of Days					
3. Number of attendees in each age range _____ under 12			_____ age 13 –18		_____ over age 18

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 4. Is a medical history kept on file for each camper? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If yes, is it secured?☐ ☐

- | | | |
|--|--------------------------|--------------------------|
| 5. Are waivers in place for all campers? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**Please provide a copy.*

- | | | |
|--|--------------------------|--------------------------|
| 6. Are drop off/pick-up procedures in place? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**Please provide a copy.*

- | | | |
|--|--------------------------|--------------------------|
| 7. Are food allergy procedures in place? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 8. Are prescription medication procedures in place <i>(inclusive of storage and authorized dispensing instructions)</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 9. Does your organization have a nurse or doctor on-site? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | |
|--|
| 10. What lifesaving skills are required of the counselors? |
|--|

☐ CPR ☐ Lifeguard Training ☐ First Aid ☐ Other _____

- | | | |
|---|--------------------------|--------------------------|
| 11. When is the last time the local fire department and/or forest service visited the camp? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|---|--------------------------|--------------------------|
| 12. Is the campground open seasonally <i>(closed during off-season)</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

If yes,

- | | | |
|---|--------------------------|--------------------------|
| a. Does a caretaker live on the camp premises year-round? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | | |
|--|--------------------------|--------------------------|
| b. Water turned off at the source and drained from internal pipes of buildings not in use? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

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

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

- | | | |
|--|--------------------------|--------------------------|
| 13. Does your property have any unique features? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

☐ Decks ☐ Docks ☐ Footbridge ☐ Waterways ☐ Bridge ☐ Dam ☐ Marina☐ Fuel Tank ☐ Other _____

K. Facility Rental *(Complete if premises is rented to others)*☐ **Not Applicable****Yes****No**

- | | | | |
|----------------|--|--------------------------|--------------------------|
| 1. | Number of times a year your premises is rented, either for a fee or at no cost? _____ | | |
| 2. | Are all renters required to sign written rental contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | a. Does your rental agreement contain "hold harmless" clause in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Does your contract require you to be named as Additional Insured on the renter's policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. Does agreement make the renter responsible for security during rental period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does your organization require all third parties to provide certificates of insurance <i>(including coverage for athletic participants when applicable)</i> with limits of at least \$1,000,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does your organization permit renters to sell, serve or furnish alcohol on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | a. Do you require controls for this exposure in your rental contract terms <i>(training for servers, COI from caterer, etc.)</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. Do you maintain a list of acceptable caterers and/or bar services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Is there a staff member on site and available for questions during rental? | <input type="checkbox"/> | <input type="checkbox"/> |

L. Athletic and Recreational Activities☐ **Not Applicable****Yes****No**

- | | | | |
|----------------|--|--------------------------|--------------------------|
| 1. | Does your organization require a signed waiver, including a hold harmless agreement, be signed annually by parent(s)/guardian(s) prior to any participation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does your organization verify that participants have health insurance coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Does your organization provide accident insurance for program participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | Insurance company name _____ Policy number _____ | | |
| a. | Policy period _____ | | |
| b. | What are the Accident Medical Expense (AME) and Death/Dismemberment limits? _____ | | |
| c. | What is the Catastrophic AME limit? _____ | | |
| 4. | Does your organization organize or offer team or league sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | | | |
| a. | Indicate applicable athletic programs and number of registrants for each: | | |
| | <input type="checkbox"/> Archery** _____ <input type="checkbox"/> Golf _____ <input type="checkbox"/> Swim or Dive** _____ | | |
| | <input type="checkbox"/> Baseball _____ <input type="checkbox"/> Hockey - Ice, Street, Roller or Field _____ <input type="checkbox"/> Tennis _____ | | |
| | <input type="checkbox"/> Basketball _____ <input type="checkbox"/> Lacrosse _____ <input type="checkbox"/> Track & Field _____ | | |
| | <input type="checkbox"/> Cheer or Gymnastics** _____ <input type="checkbox"/> Racquetball or Squash _____ <input type="checkbox"/> Volleyball _____ | | |
| | <input type="checkbox"/> Cross Country _____ <input type="checkbox"/> Riflery** _____ <input type="checkbox"/> Water/Towing Sports** _____ | | |
| | <input type="checkbox"/> Dance/Drill _____ <input type="checkbox"/> Rugby _____ <input type="checkbox"/> Wrestling _____ | | |
| | <input type="checkbox"/> Football – flag _____ <input type="checkbox"/> Soccer _____ <input type="checkbox"/> Other _____ | | |
| | <input type="checkbox"/> Football – tackle _____ <input type="checkbox"/> Softball _____ <input type="checkbox"/> Other _____ | | |
| | | Yes | No |
| b. | Does your organization require an annual physical exam prior to athletic participation? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Does your organization have automatic external defibrillators (AED)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, | i. are they maintained according to manufacturer recommendations? | <input type="checkbox"/> | <input type="checkbox"/> |
| | ii. Is proper training provided to staff? | <input type="checkbox"/> | <input type="checkbox"/> |

L. Athletic and Recreational Activities *Continued*

	Yes	No
iii. Are they easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
d. Describe in detail the safety controls in place for the indicated athletic programs.		
<i>**See questions below pertaining specifically to the controls in place for activities followed by **.</i>		
5. Do all coaches and staff receive concussion recognition and protocol training?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have formal, written concussion management program that is compliant with current federal and state legislation?	<input type="checkbox"/>	<input type="checkbox"/>
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. 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?		
If yes,		
i. Are helmets reconditioned and recertified annually by a NAERA member (<i>NOCSAE licensed</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Are helmets retired when annual recertification is declined?	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you utilize concussion impact monitoring technology?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who monitors the technology? <input type="checkbox"/> Coaches <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Third Party <input type="checkbox"/> Other _____		
7. Please confirm all applicable protocol, in the case that a concussion is suspected.	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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:		

L. Athletic and Recreational Activities *Continued*

	Yes	No
8. If claims-made coverage is requested, please provide date(s) that concussion management procedures/protocol were implemented: <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
9. Are any of the athletic or recreational activities organized through independent contractors or third-party providers?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate which activities:		
10. Does your organization host or sponsor competitions <i>(or teams that participate in competitions)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:		
11. Does the facility have any:		
<input type="checkbox"/> Stadiums <input type="checkbox"/> Temporary bleachers <input type="checkbox"/> Permanent bleachers <input type="checkbox"/> Grandstand <input type="checkbox"/> Not Applicable		
12. Does your organization offer cheer or gymnastics programs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Describe your program, including levels, type of equipment used:		
b. Number of elements _____		
c. Number of participants _____		
d. Does your program perform pyramids or aerial exercises?	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe the mats and crash pads around all equipment and how they are secured in place:		
f. Do you permit one-on-one sessions during closed gym hours?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you require that all equipment be locked up or closed off when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you offer competitive cheer or gymnastics?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, does the team travel?	<input type="checkbox"/>	<input type="checkbox"/>
i. If overnight travel, please describe controls below. <input type="checkbox"/> Not Applicable		
13. Does your organization offer cycling or biking programs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Does your organization host, sponsor or participate in races?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bikers/cyclists required to remain on designated routes/trails?	<input type="checkbox"/>	<input type="checkbox"/>
c. If bicycles provided, are all bikes inspected prior to each use? <input type="checkbox"/> Bicycles not provided	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your organization own or manage trails or nature paths?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. How frequently are trails/paths inspected? _____		
b. Are inspection and maintenance logs maintained?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there posted signage regarding degree of difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are bikes, motor-bikes, or ATV's permitted on trails or paths?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, i. Are all trail grades verified to have less than 15% grade?	<input type="checkbox"/>	<input type="checkbox"/>
ii. Are there any paths with steep drops or obstacles requiring aerial maneuvers?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your organization offer rollerblading, skating, or skateboarding?	<input type="checkbox"/>	<input type="checkbox"/>

L. Athletic and Recreational Activities Continued**If yes,**

- a. Describe your skateboarding program and activities, including facility and frequency of use:

Please provide photos of the skateboarding area

- b. Number of skate park elements _____

- c. Number of participants annually _____

- d. Are all skateboarders required to wear helmets, wrist guards, elbow and knee pads, appropriate shoes and clothing?

Yes**No**☐☐

- e. Does your organization own, manage, or operate a skate park?

☐☐**If yes,**

- i. Is the skateboard facility secured when closed?

☐☐

- ii. Is the skateboard facility supervised by adult employees?

☐☐

16. Does your organization offer archery, riflery, or airsoft activities?

☐☐**If yes,** describe the ammunition type _____

- a. How do you secure ammunition and weaponry when not in use _____

- b. Number of participants annually _____

- c. Describe age range of participants _____

- d. Participant to supervising staff ratio _____

- e. Does your organization provide all weaponry ammunition for participants?

☐☐

- f. Are weapons inspected to ensure proper working order prior to each use?

☐☐

- g. Are all participants required to wear safety equipment (
- eye protection for archery and both ear and eye protection for firearms*
-)?

☐☐

- h. Is appropriate safety training provided before handling any weaponry?

☐☐

- i. Is a certified range safety officer (
- Archery USA or NRA certification*
-) present at all times?

☐☐

- j. Does your organization own or manage the range?

☐☐**If yes,** is the range outdoor?☐☐

- k. Number of lanes? _____

- l. Are your ranges specifically designated for use and set up in a manner that the ammunition can't be dispersed beyond the range?

☐☐

- m. Are third parties permitted to use the range?

☐☐

17. Does your organization offer snow sports (
- skiing, boarding, tubing, etc.*
-)?

☐☐**If yes,** describe the snow activities:

- a. Number of participants _____ Number of instructors _____

- b. Are activities conducted at a commercially operated facility (
- third party provider*
-)?

☐☐

- c. Are all participants required to wear helmets and goggles?

☐☐

18. Are any equestrian, horseback, or activities utilizing horses offered?

☐☐**If yes,**

L. Athletic and Recreational Activities *Continued*

Describe riding activities including locations where riding is done (<i>trail, arena, etc.</i>), type of riding:			
Number of horses owned _____		Number of horses leased _____	
Number of participants/riders _____		Number of contracted wranglers _____	
Number of employed wranglers _____		Yes	No
a. Is riding restricted to an arena or enclosed area?		<input type="checkbox"/>	<input type="checkbox"/>
b. Is jumping and racing prohibited?		<input type="checkbox"/>	<input type="checkbox"/>
c. Are all riders required to wear riding helmets, appropriate clothing and shoes?		<input type="checkbox"/>	<input type="checkbox"/>
d. Does your organization own the course, trail, or arena?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , is the course inspected annually by a professional contractor?		<input type="checkbox"/>	<input type="checkbox"/>
e. Are your programs or professionals certified with Certified Horsemanship Association (CHA)?		<input type="checkbox"/>	<input type="checkbox"/>
19. Does your organization own or operate any obstacle, challenge, or ropes courses, ziplines, or giant swings?		<input type="checkbox"/>	<input type="checkbox"/>
If yes,			
a. Describe the course and program, including location and frequency of use. Include photos.			
b. Number of elements _____ Height of elements _____			
c. Number of participants annually _____			
d. Was course designed, built, and inspected by an PRCA (<i>Professional Ropes Course Association</i>) or ACCT (<i>Association for Challenge Course Technology</i>) Professional Vendor Member?		<input type="checkbox"/>	<input type="checkbox"/>
If no , explain:			
e. Is the course, line, or swing inspected annually by a professional contractor for PRCA or ACCT?		<input type="checkbox"/>	<input type="checkbox"/>
<i>*Please provide a copy of your last inspection including your response to any indicated failures.</i>			
f. Is the course, line, or swing secured and inaccessible when unsupervised?		<input type="checkbox"/>	<input type="checkbox"/>
g. How frequently does head of staff go for training and recertification?		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other _____			
h. Are all participants required to wear a helmet?		<input type="checkbox"/>	<input type="checkbox"/>
i. Is all safety equipment inspected prior to every use?		<input type="checkbox"/>	<input type="checkbox"/>
j. Describe safety controls in place:			
20. Does your organization offer climbing activities?		<input type="checkbox"/>	<input type="checkbox"/>
If yes,			
a. Number of participants annually _____		Number of elements _____	
b. Climbing is: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			
c. Type of Climbing: <input type="checkbox"/> Bouldering <input type="checkbox"/> Top Rope <input type="checkbox"/> Lead Climbing			
d. Maximum Climbing Height _____ feet			
e. Is a minimum age or minimum/maximum weight for belayers specified?		<input type="checkbox"/>	<input type="checkbox"/>
If yes , _____ years _____ pounds			

L. Athletic and Recreational Activities *Continued***Yes****No**

f.	Is climbing activity limited to a wall or tower?	<input type="checkbox"/>	<input type="checkbox"/>
g.	If a climbing wall or tower is utilized, who designed/constructed/installed the climbing wall or tower? <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Third Party Contractor		
h.	Has your facility had climbing-related injuries requiring treatment beyond first aid in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe each _____		
i.	Is climbing supervised by a competent person who has documented experience and education in the facilities and equipment operated?	<input type="checkbox"/>	<input type="checkbox"/>
j.	Are facility users oriented to the facilities and evaluated for their climbing abilities and experience, and is their use of facilities limited to the type of climbing they can perform safely?	<input type="checkbox"/>	<input type="checkbox"/>
k.	Are lead climbers always required to climb using fall protection?	<input type="checkbox"/>	<input type="checkbox"/>
	If no, describe circumstances when they are not required to use fall protection:		
l.	Are mats or other impact-attenuating surfaces underneath climbing walls or towers in accordance with the recommendations of the manufacturer or other recognized standards?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe _____		
m.	Are regular inspections of all climbing wall components and PPE completed in accordance with the specifications of the manufacturer/designer, and is documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, who performs inspections? <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Third Party Contractor		
n.	Are components serviced, repaired or replaced as needed based on the findings of regular inspections by a qualified person?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, who performs forms maintenance and repairs? <input type="checkbox"/> Employees <input type="checkbox"/> Volunteers <input type="checkbox"/> Third Party Contractor		
	If employees or volunteers, specify what tasks they perform and their qualifications:		
o.	Are staff trained in first aid procedures, and is appropriate first aid and emergency response equipment readily available and maintained at the facility?	<input type="checkbox"/>	<input type="checkbox"/>
p.	If applicable, are staff trained in rescue and/or retrieval procedures, and is equipment necessary to perform a rescue readily available? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
q.	Are agreements, consent forms, waivers, etc. required for all users, and are these regularly reviewed by counsel?	<input type="checkbox"/>	<input type="checkbox"/>
r.	Are rules, regulations, and emergency procedures conspicuously posted in the activity area?	<input type="checkbox"/>	<input type="checkbox"/>
s.	Is the activity area locked and secured to prevent use, and is access restricted when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
t.	Are detailed records maintained regarding the design and installation of the manufactured climbing wall (e.g., design specifications, component details, purchase orders or sales documents, inspection and maintenance specifications, repair instructions if applicable, designer/installer information including insurance documentation, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
u.	Are documented inspections of all climbing wall components and PPE completed regularly in accordance with the specifications of the manufacturer/designer, and is documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Please indicate any additional recreational activities offered at any location:		
<input type="checkbox"/>	Basketball	<input type="checkbox"/> Paintball	<input type="checkbox"/> Wilderness trips
<input type="checkbox"/>	Football – flag	<input type="checkbox"/> Parkour	<input type="checkbox"/> Other
<input type="checkbox"/>	Inflatable Devices, eg. Bouncers	<input type="checkbox"/> Racquetball or Squash	<input type="checkbox"/> Other _____
<input type="checkbox"/>	Motorized Vehicles (ATVs, motorcycles)	<input type="checkbox"/> Trampolines, mini trampolines	<input type="checkbox"/> Other _____

L. Athletic and Recreational Activities *Continued***Yes****No**

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

22. Does your organization provide any swimming, diving, boating, or other water recreation activities?

☐☐**If yes** complete the Pools, Saunas, and Water Recreation section below.**M. Pools, Saunas, and Water Recreation**☐ **Not Applicable****Yes****No**

1. Do you own, lease, or operate any swimming pools?

☐☐**If yes,**

a. Number of pools on your premises _____

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

☐☐

c. Are pool rules posted?

☐☐**If yes,** do the rules include:

i. Minors must be accompanied by an adult

☐☐

ii. No diving from pool deck

☐☐

iii. No breath holding competitions

☐☐

d. Are trained lifeguards present during all pool hours?

☐☐**If yes,**

i. Please describe how lifeguards are trained _____

If no,

i. Does your organization post signage to indicate:

Pool hours

☐☐

No life guard on duty; swim at your own risk

☐☐

No children permitted without adult supervision

☐☐

ii. Is pool access restricted to those with keycard access?

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

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

Provide the following information:**POOL 1****POOL 2****POOL 3**

Pool location

Pool size and description

Indicate number of drains

Indicate shallow-end depth

Indicate deep-end depth

Where is depth indicated (e.g. Pool deck, Bottom, Both, Other, etc.)

Number of depth marking around the pool?

Number of Diving Boards
and Height of Diving Boards☐ NA
☐ NA☐ NA
☐ NA☐ NA
☐ NA**Yes****No****Yes****No****Yes****No**

Enclosed by "child proof" gate?

☐☐☐☐☐☐

Slip resistant surfacing on pool deck?

☐☐☐☐☐☐Pool chemicals kept in a dry, ventilated, locked
storage area?☐☐☐☐☐☐

M. Pools, Saunas, and Water Recreation**Continued**

	Yes	No	Yes	No	Yes	No
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"/>
Is pool 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 stationed location(s):						
Safety equipment easily accessible within the pool area (<i>i.e. hooks, life preservers, kick boards</i>)?	<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"/>
Is the pool Indoor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there suspended ceilings above pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool ceilings inspected by outside contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last inspection:						
2. If diving boards or platforms are present, <input type="checkbox"/> Not Applicable						
a. Are there any high flex boards?					<input type="checkbox"/>	<input type="checkbox"/>
b. Are board entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how access is restricted?						
d. Are diving boards equipped with slip resistant surfacing?					<input type="checkbox"/>	<input type="checkbox"/>
e. Are all ladders/stairs equipped with slip resistant rubber mats and handrails?					<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization own or operate any hot tubs or whirlpools?					<input type="checkbox"/>	<input type="checkbox"/>
If yes,						
a. Number of hot tubs and whirlpools _____						
b. Do all hot tubs or whirlpools have at least 2 drains?					<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a clearly marked emergency pump shutoff switch nearby?					<input type="checkbox"/>	<input type="checkbox"/>
d. Are temperatures always kept at 104° or less?					<input type="checkbox"/>	<input type="checkbox"/>
e. Operated on an automatic timer?					<input type="checkbox"/>	<input type="checkbox"/>
f. Are unsupervised minors prohibited?					<input type="checkbox"/>	<input type="checkbox"/>
g. Are rules posted?					<input type="checkbox"/>	<input type="checkbox"/>
h. Is hot tub or whirlpool equipped with anti-entrapment drain covers or systems?					<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization own or operate any saunas?					<input type="checkbox"/>	<input type="checkbox"/>
If yes, number of saunas _____						
a. Are temperatures monitored?					<input type="checkbox"/>	<input type="checkbox"/>
b. Does sauna have sprinklers inside?					<input type="checkbox"/>	<input type="checkbox"/>
c. Does sauna have an observation window?					<input type="checkbox"/>	<input type="checkbox"/>
d. Are unsupervised minors prohibited?					<input type="checkbox"/>	<input type="checkbox"/>
e. Is the sauna regularly inspected to ensure safety (<i>i.e. condition of wood, etc.</i>)					<input type="checkbox"/>	<input type="checkbox"/>
f. Are sauna rules posted?					<input type="checkbox"/>	<input type="checkbox"/>

M. Pools, Saunas, and Water Recreation *Continued*

	Yes	No
g. Indicate sauna location: <input type="checkbox"/> Pool Deck <input type="checkbox"/> Locker Room <input type="checkbox"/> Other _____		
5. 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: _____		
6. Does your organization have water slides?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , number of slides _____		
a. Are slide entrances secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe how access is restricted _____		
c. Are all slides less than 10 ft in vertical height?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all slide ladders/stairs equipped with slip resistant rubber mats and handrails?	<input type="checkbox"/>	<input type="checkbox"/>
e. Slide exit separate from main swimming or pool area?	<input type="checkbox"/>	<input type="checkbox"/>
f. Slide exit into water at least 4 ft deep?	<input type="checkbox"/>	<input type="checkbox"/>
g. Slide exit horizontal to the water and equal to or less than 18 inches from water?	<input type="checkbox"/>	<input type="checkbox"/>
h. Lifeguard dedicated to the slide exit?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the property use any "Brown Water" (<i>lakes, rivers</i>) for water recreation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes ,		
a. How are swimmers vs non-swimmers identified? _____		
b. Does your organization utilize alarming bands?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all non-swimmers required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization have water blobs or water trampolines?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please describe the device and safety rules: _____		
a. Number of devices _____		
b. Does your organization enforce a maximum weight difference of 25lbs per participants?	<input type="checkbox"/>	<input type="checkbox"/>
c. How many jumpers are permitted at one time? _____		
d. Are all participants required to wear US Coast Guard approved personal floatation devices (PFDs)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are two life guards required for supervision at all times?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is access restricted when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Please describe how access is restricted _____		
9. Does your organization offer boating activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , describe the activity and the water location where the activity is held _____		
a. Does your organization own or operate boats? <input type="checkbox"/> Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
_____ Number of motorless boats _____ Number of motorboats		
b. Are all boaters required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your organization require safety and emergency instruction be reviewed prior to each trip activity?	<input type="checkbox"/>	<input type="checkbox"/>
d. Are boating and boating activities prohibited at night?	<input type="checkbox"/>	<input type="checkbox"/>

M. Pools, Saunas, and Water Recreation Continued**Yes No**

e. Are certifications required for motorboat operators?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who provides the Certification/training? _____		
10. Does your organization offer water skiing, wake boarding, knee boarding, water tubing, or similar towing activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of participants annually _____		
b. Number of individuals permitted on boat at one time _____		
c. Please describe tow speed controls _____		
d. Is a specified observer required to be present (<i>separate from the boat operator</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is equipment maintained according to the manufacturer's specifications?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is all equipment including the towlines (<i>handles, lines and connecting hooks</i>) inspected prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is towing activity restricted to only one line at a time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your organization offer whitewater boating or rafting activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of annual participants _____		
b. Number of boats/rafts _____		
Number of trips contracted with third party providers _____		
c. Describe whitewater activities including river rating scale or class and number and ages of registrants: _____		
d. Are all boats staffed by an experienced guide?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is at least one member of the trip required to be skilled in life saving techniques?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are all rafters required to wear a helmet and Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is all equipment maintained according to the manufacturer's specifications?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are all rafters trained on safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Please indicate any additional water recreational activities offered at any location & number of participants annually:		
<input type="checkbox"/> Canoeing participants _____	<input type="checkbox"/> Snorkeling participants _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sailing participants _____	<input type="checkbox"/> Surfing participants _____	<input type="checkbox"/> Other _____

N. 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	\$ _____	\$ _____	\$ _____

N. Special Events Continued

	EVENT 1		EVENT 2		EVENT 3	
Gross sales from food or non-alcoholic beverage sales	\$ _____		\$ _____		\$ _____	
Other gross sales (auction, raffles, gambling, etc.)	\$ _____		\$ _____		\$ _____	
	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 (use all applicable activity codes from list below)						
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 devices				
G. Bingo or Poker		N. Other _____				
4. Describe all concerts (music types) and event venues:					<input type="checkbox"/> Not Applicable	
5. Describe all amusement devices and controls in place:					<input type="checkbox"/> Not Applicable	
6. Describe all motorized vehicles or motorized equipment:					<input type="checkbox"/> Not Applicable	
7. If security personnel present, please indicate who provides security and whether they are armed or unarmed: <input type="checkbox"/> Not Applicable						
<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"/> Unarmed <input type="checkbox"/> Armed						
8. If event includes a parade, please provide the following details:					<input type="checkbox"/> Not Applicable	
Level of activity: <input type="checkbox"/> Participation Only <input type="checkbox"/> Sponsor or Co-sponsor						
a. Number of: Floats _____ Horses _____ Participants _____					Yes	No
b. Are certificates of insurance, with \$1,000,000 liability limits, required from all participants?					<input type="checkbox"/>	<input type="checkbox"/>
9. Are any event activities provided by a third party?					<input type="checkbox"/>	<input type="checkbox"/>
If yes,						
a. Is a contract in place that includes an insurance requirement and a hold harmless agreement in your organization's favor?					<input type="checkbox"/>	<input type="checkbox"/>
b. Is a certificate of insurance required from the third party?					<input type="checkbox"/>	<input type="checkbox"/>
10. If Liquor or Alcohol is Served or Sold					<input type="checkbox"/> Not Applicable	
Gross annual alcohol sales: \$ _____						
Type of alcohol? <input type="checkbox"/> Beer only <input type="checkbox"/> Beer and wine only <input type="checkbox"/> Beer, wine and/or liquor						

N. Special Events *Continued***Yes****No**

a. Type of license obtained for sale of alcohol:		
<input type="checkbox"/> Permit for event only	<input type="checkbox"/> Annual liquor license	<input type="checkbox"/> Alcohol served by third party
b. Are any employees or volunteers of your organization responsible for serving alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
c. What alcohol dispensing controls are in place?		
<input type="checkbox"/> Formal server training (<i>TIPS/TAPS</i>)	<input type="checkbox"/> Limited # of drink tickets (<i>provide # allotted</i>) _____	
<input type="checkbox"/> Wrist bands identifying >21	<input type="checkbox"/> ID Checked at purchase	<input type="checkbox"/> ID Checked at prior to admission

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.	<input type="checkbox"/>	<input type="checkbox"/>
Sell music or printed materials created, published or produced by someone within your organization.	<input type="checkbox"/>	<input type="checkbox"/>
Air television, radio or internet broadcast segments (<i>podcasts/logs/etc.</i>), public service announcements (<i>PSAs</i>) or shows.	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above,		
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 (<i>e.g. pictures</i>) or prior to using the work product of others?	<input type="checkbox"/>	<input type="checkbox"/>
b. Frequency of broadcast segments: <input type="checkbox"/> N/A <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe materials subject to review and type of review:		
e. Does your organization carry any type of media liability insurance (<i>broadcasters' liability, publishers' liability etc.</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach a copy of the declarations page.		

P. Sale or Distribution of Food or Merchandise (*Including gift shops and cafes.*)☐ **Not Applicable****Yes****No**

1. Goods distributed or sold by the organization:		
<input type="checkbox"/> Food <input type="checkbox"/> New merchandise <input type="checkbox"/> Other _____		
2. Food Gross sales \$ _____ Merchandise Gross sales \$ _____		
3. Do you sell any dietary supplements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Gross sales \$ _____		
b. Do you manufacture or re-label any products as your own?	<input type="checkbox"/>	<input type="checkbox"/>
4. Regarding food sales,		
a. Are expirations dates of food products monitored?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does your organization use insecticide or pesticides?	<input type="checkbox"/>	<input type="checkbox"/>

P. Sale or Distribution of Food or Merchandise *Continued***Yes No**

If yes, is application completed by a licensed and insured contractor?

☐ ☐

c. Does your organization monitor refrigerator system to ensure that temperatures do not fall below acceptable levels?

☐ **Not Applicable**☐ ☐

If yes, how does your organization monitor the temps? _____

d. Is there a backup generator for the refrigerator system?

☐ **Not Applicable**☐ ☐

5. Does your organization have commercial cooking facilities?

☐ ☐

If yes,

a. Please indicate type(s): ☐ Commercial Electric Stove/Oven ☐ Commercial Gas Stove/Oven ☐ Deep Fryer

b. Is the cooking equipment protected by a hood system?

☐ ☐

If yes, i. Does the hood system contain fire suppression?

☐ ☐

ii. Is the fire suppression system connected to the building fire alarm?

☐ ☐

iii. Is the hood system cleaned on a regular basis?

☐ ☐iv. Who conducts the hood cleaning? ☐ Internal ☐ Third-party Contractor ☐ Other _____

v. When was the last hood system inspection? _____

6. Do you want property coverage for stock or merchandise held for sale?

☐ ☐

If yes, attach market value for inventory per location.

a. How often are inventory records updated? _____

b. Is any stock stored outside of a scheduled building after business hours?

☐ ☐**Q. Shelter or Temporary Housing**☐ **Not Applicable****Yes No**

1. Is smoking indoors prohibited?

☐ ☐

2. Are all sleeping areas equipped with smoke detectors?

☐ ☐

3. Are all sleeping areas equipped with carbon monoxide detectors?

☐ ☐

4. Are all sleeping areas equipped with sprinklers?

☐ ☐

5. Is the use of portable heaters prohibited?

☐ ☐

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

6. Do you permit animals (*i.e. pets*) to be on premises?☐ ☐

If yes, are permissions limited to trained service animals?

☐ ☐

If no, describe the procedures you have in place _____

7. Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime?

☐ ☐

8. Indicate the types of shelter or housing provided:

Type of Clients	No. of Clients	Type of Clients	No. of Clients
Half-way house or Transitional Housing		Shelter – homeless or battered families	
Temporary Housing		Shelter – victims of sexual abuse	
Independent living		Single Room Occupancy (SRO)	
Subsidized Housing (<i>Provide REAC</i>)		Other (<i>specify</i>) _____	

Q. Shelter or Temporary Housing *Continued*

	Yes	No
9. Does your organization provide overflow sheltering in hotels or motels?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your organization rent or lease apartments or condo units on behalf of client(s)?	<input type="checkbox"/>	<input type="checkbox"/>

Title _____ Email Address _____

Completed by _____ 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 policyholder 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.