

Name of Insured	Proposed Effective Date
-----------------	-------------------------

RECREATION

MANAGEMENT

1. Does the Entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, etc.)? Yes No
2. How often: Daily Weekly Monthly Other
Other Description:
3. Are all regular inspections and corrective actions documented? Yes No

ORGANIZED ACTIVITIES

4. Complete the following:

Activity (Example: Baseball, Football)	Number of Participants		Supervision		Are waiver, release and/or consent forms secured for all participants?		*Are transportation services provided	
	Youth	Adult	Entity	Other	Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No
					Yes	No	Yes	No

*If transportation services are provided please complete the transit portion of the auto supplement.

5. Do any participants provide their own insurance? Yes No

PARKS AND PLAYGROUNDS

6. Is any playground equipment present on the premises? Yes No
 If yes, does the playground equipment and surface meet Consumer Product Safety Commission (CPSC) standard? Yes No

ICE SKATING

7. a. Location: Indoor Outdoor
 b. If outdoor: Surface Lake
8. Are warning signs posted? Yes No
9. Is there a procedure in place for checking ice thickness? Yes No

FIREWORKS

10. Full description of operations performed by:

Entity:

Contractors:

11. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
12. Are certificates of insurance obtained? Yes No
13. Are hold-harmless agreements required from sub-contractors? Yes No
14. Are you named as an additional insured under the sub-contractors policy? Yes No

15. Complete the following:

Type of Event	Licensed Pyrotechnicians?		Equipment		
	Yes	No	Ambulance	Fire Dept	Police
	Yes	No	Ambulance	Fire Dept	Police
	Yes	No	Ambulance	Fire Dept	Police
	Yes	No	Ambulance	Fire Dept	Police
	Yes	No	Ambulance	Fire Dept	Police

WATER ACTIVITIES

WATERFRONT

16. Full description of operations performed by:

Entity:

Contractors:

17. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
18. Are certificates of insurance obtained? Yes No
19. Are hold-harmless agreements required from sub-contractors? Yes No
20. Are you named as an additional insured under the sub-contractors policy? Yes No

21. Number of each Exposure:

- a. Pool:
- b. Pond / Lake / Reservoir:
- c. River / Stream:
- d. Ocean / Bay:
- e. Other:

Please describe:

22. Identify all activities:

Boating Fishing Jet Skiing Dock / Boat Launch Swimming Water Skiing Ice Skating

Other, *please describe:*

23. Complete the following:

Activity	Equipment Rental by Entity		Rules Posted	
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No
	Yes	No	Yes	No

If swimming is allowed, please complete the following questions:

24. Is swimming area roped or marked? Yes No
25. Are certified lifeguards provided? Yes No
26. Is diving permitted? Yes No
27. Is diving supervised? Yes No
28. Depth of water?
29. Is swimming area checked for underwater obstructions, etc? Yes No
30. Do you document maintenance, repair of facilities, water testing, chemical treatment? Yes No
31. What measures, if any, are used to eliminate or discourage after hours accessibility?

WATERSLIDE

32. Is there a splash-down area? Yes No
33. Complete the following:

Slide #	Height		Access		No. of Certified Lifeguards	Lifeguard position	
	Feet	Inches	Ladder	Stairs		Top	Bottom
1							
2							
3							
4							

34. Are age, height and size limitations clearly posted and strictly enforced? Yes No

RIFLE / SHOOTING RANGE PUBLIC USE SUPPLEMENT

35. Full description of operations performed by:

Entity:

Contractors:

36. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
37. Are certificates of insurance obtained? Yes No
38. Are hold-harmless agreements required from sub-contractors? Yes No
39. Are you named as an additional insured under the sub-contractors policy? Yes No
40. Is a firearms instructor or range master required to be present during all shooting activities? Yes No
41. Is ammunition storage facility adequately protected against unauthorized entry? Yes No
42. Are "NO SMOKING" signs prominently displayed in the ammunition and power storage areas? Yes No
43. Is a signed waiver of injury required for all users? Yes No

For outdoor ranges:

44. Is perimeter fenced? Yes No
45. Are warning signs posted along the fence? Yes No
46. Are premises adequately locked when not in use? Yes No
47. Is backstop sufficient to stop all errant shots? Yes No

Eye/Ear protection:

- 48. Recommended? Yes No
- 49. Provided? Yes No

GOLF COURSE

- 50. Number of Golf Courses:
- 51. Full description of operations performed by:
Entity:
Contractors:
- 52. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- 53. Are certificates of insurance obtained? Yes No
- 54. Are hold-harmless agreements required from sub-contractors? Yes No
- 55. Are you named as an additional insured under the sub-contractors policy? Yes No

FITNESS CENTERS

- 56. Full description of operations performed by:
Entity:
Contractors:
- 57. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- 58. Are certificates of insurance obtained? Yes No
- 59. Are hold-harmless agreements required from sub-contractors? Yes No
- 60. Are you named as an additional insured under the sub-contractors policy? Yes No
- 61. Is a signed waiver of injury required from all users? Yes No
- 62. Do you have a written equipment maintenance program? Yes No
- 63. Do you supervise use of athletic equipment? Yes No

RODEOS

- 64. Full description of operations performed by:
Entity:
Contractors:
- 65. Are sub-contractors required to carry limits of insurance equal to your limits of liability? Yes No
- 66. Are certificates of insurance obtained? Yes No
- 67. Are hold-harmless agreements required from sub-contractors? Yes No
- 68. Are you named as an additional insured under the sub-contractors policy? Yes No
- 69. Number of rodeos per year:
- 70. Is a signed waiver of injury required from all participants? Yes No

SKI FACILITIES

71. Full description of operations performed by:

Entity:

Contractors:

- | | | |
|--|-----|----|
| 72. Are sub-contractors required to carry limits of insurance equal to your limits of liability? | Yes | No |
| 73. Are certificates of insurance obtained? | Yes | No |
| 74. Are hold-harmless agreements required from sub-contractors? | Yes | No |
| 75. Are you named as an additional insured under the sub-contractors policy? | Yes | No |
| 76. Is a signed waiver of injury required from all participants? | Yes | No |
| 77. Do you rent any ski equipment? | Yes | No |

FLORIDA: 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.

KENTUCKY: 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.

For all other applicable state fraud warnings, please see the main application.

Signature

Date



Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.