

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed First Named Insured & Other Named Insured(s):		Today's Date:
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	

**PARK AND RECREATIONAL INFORMATION**

1. Please complete the following chart:

	Convention Center/Arena	Archery Range	Day Camp	Day Care	Fireworks	Fitness Center	Golf Course	Rodeo	Skate Park	Ski Facilities	Swimming Activities	Waterfront Activities
Do you have this exposure?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this exposure subcontracted?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are subcontractors required to carry limits of insurance equal to your limits of liability?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are certificates of insurance obtained?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hold-harmless agreements required from sub-contractors?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you named as an additional insured under the sub-contractor's policy?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written equipment maintenance program?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROPERTY MANAGEMENT INFORMATION**

2. Does the Entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, golf courses, fitness centers, etc.)? .....  Yes  No
3. How often?  Daily  Weekly  Bi-Weekly  Monthly  Quarterly  Other \_\_\_\_\_
4. Are all regular inspections and corrective actions documented? .....  Yes  No

**PARKS AND PLAYGROUNDS INFORMATION**

5. 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
6. Do you have a Certified Playground Safety Inspector?.....  Yes  No

**ORGANIZED ACTIVITIES INFORMATION**

7. Complete the following:

Activity (Example: Horseback Riding, Football, Baseball)	Number of Participants		Supervision		Are waiver, release, and/or consent forms secured for all participants?	*Are Transportation services provided?
	Youth	Adult	Entity	Other		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

8. Please list any activities where participants provide their own insurance:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ICE SKATING INFORMATION**

Check if N/A

9. Location:  Indoor  Outdoor (If outdoor:  Surface  Lake)

10. Are warning signs posted? .....  Yes  No  
 Is there a procedure in place for checking ice thickness?.....  Yes  No

**FIREWORKS INFORMATION**

Check if N/A

11. Full description of operations performed by:

Entity: \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_

12. Complete the following:

Name of Event	Licensed Pyrotechnicians?	Emergency Equipment
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police

**WATER ACTIVITIES INFORMATION**

Check if N/A

13. Number of each Exposure:

Pool	Pond/Lake/Reservoir	River/Stream	Ocean/Bay	Other (describe:)

14. Identify all activities:

<i>Activity</i>	<i>Is a Fee Charged?</i>	<i>Equipment Rented by Entity?</i>	<i>Are Rules Posted?</i>
Boating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fishing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jet Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock/Boat Launch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Is swimming area roped or marked? .....  Yes  No

16. How are lifeguards certified? \_\_\_\_\_  
 \_\_\_\_\_

17. Is diving permitted?  Yes  No      Is diving supervised?  Yes  No      Depth of water: \_\_\_\_\_

18. Is swimming area/beach checked for underwater obstructions, etc?.....  Yes  No

19. Do you document maintenance, repair of facilities, water testing, chemical treatment? .....  Yes  No

20. What measures, if any, are used to eliminate or discourage after hours accessibility?

**WATERSLIDE/AQUATIC CENTER**       Check if N/A

21. Is there a splash-down area? .....  Yes  No

<i>Slide #</i>	<i>Height</i>		<i>Access</i>		<i>No. Of Certified Lifeguards</i>	<i>Lifeguard Position</i>	
	<i>Feet</i>	<i>Inches</i>	<i>Ladder</i>	<i>Stairs</i>		<i>Top</i>	<i>Bottom</i>
1			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

23. Please list any additional water attractions (Zip-line, lazy river, vortex, lily pads, wave pools, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARCHERY RANGE INFORMATION**

Check if N/A

24. Full description of operations performed by:  
 Entity: \_\_\_\_\_  
 \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_  
 \_\_\_\_\_

25. Is a signed waiver of injury required for all users?.....  Yes  No

26. Is perimeter fenced? .....  Yes  No

27. Are warning signs posted along the fence? .....  Yes  No

28. Is backstop sufficient to stop all errant shots? .....  Yes  No

29. Please describe your controls for the archery range (licensing/certification, monitoring):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INFLATABLES INFORMATION**

Owned     Leased     N/A

31. Please describe the inflatable equipment that is used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are staff members present when inflatable is in use?.....  Yes  No

Are manufacturers safety guidelines followed?.....  Yes  No

If equipment is leased:

a. Does the rental company provide certificates of insurance?.....  Yes  No

b. Are you listed as an additional insured?.....  Yes  No

**FITNESS CENTERS INFORMATION**

Check if N/A

32. Full description of operations performed by:

Entity: \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_

33. Is a signed waiver of injury required from all users?.....  Yes  No

34. Do you supervise use of equipment?.....  Yes  No

35. Do you post warning signs and rules prominently? .....  Yes  No

**RODEO INFORMATION**

Check if N/A

36. Full description of operations performed by:

Entity: \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_

37. Number of rodeos per year: \_\_\_\_\_

38. Is a signed waiver of injury required from all participants?.....  Yes  No

Describe Controls for protecting spectators: \_\_\_\_\_

**SKI FACILITIES INFORMATION**

Check if N/A

39. Full description of operations performed by:

Entity: \_\_\_\_\_

Sub-Contractors: \_\_\_\_\_

40. Is a signed waiver of injury required from all participants?.....  Yes  No

41. Do you rent any ski equipment? .....  Yes  No

## SKATE PARK INFORMATION

Check if N/A

Equipment Type	Largest Vertical Drop	Facility Users			
		Skateboard	In-Line Skate	Bicycles	Scooters
Half-Pipe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowl		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grind Rails		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (desc)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Facility Design

42. Was the facility designed by a landscape architect with experience in designing skateboard facilities and skate parks? .....  Yes  No
43. Are all items located around the skate park (trash cans, benches, etc.) are secured to the ground so they can not be moved onto the skating surface? .....  Yes  No
44. Did the entity manufacture or install any portion of the facility? .....  Yes  No

### Facility Safety And Maintenance

45. Are motorized devices allowed in the skate park? .....  Yes  No
46. Is warning and emergency signage posted at the facility? .....  Yes  No
47. Is signage posted at all entrances of the skate park? .....  Yes  No
48. Is documentation of all inspection and repairs retained? .....  Yes  No
49. Are facilities inspected at least weekly? .....  Yes  No
50. Security measures:  
 Lighting  Yes  No      Fencing  Yes  No      Police Patrol  Yes  No      Other  Yes  No

Please describe Other security measures: \_\_\_\_\_

51. Is your skate park supervised? .....  Yes  No
- If yes:*
- a. does staff mandate and enforce usage of personal protective equipment? .....  Yes  No
  - b. Is facility locked when staff is not present? .....  Yes  No
  - c. Is staff trained in:
    - i. First aid? .....  Yes  No
    - ii. CPR? .....  Yes  No
    - iii. Usage of emergency communication equipment? .....  Yes  No
  - d. Is staff fully trained in operation of skateboard park? .....  Yes  No

## DAYCARE CENTER/DAY CAMP INFORMATION

Check if N/A

52. Name of facility: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

53. Description of operation: \_\_\_\_\_

54. Does this facility have the following:
- a. Emergency evacuation plan? .....  Yes  No
  - b. Regularly inspected fire/smoke detection systems? .....  Yes  No
  - c. Two separate exits on each floor? .....  Yes  No
  - d. First aid equipment .....  Yes  No
  - e. Someone on premises during business hours, trained in administering first aid? .....  Yes  No
  - f. Is the facility licensed by the state? .....  Yes  No  N/A
55. If multiple facilities exist, do they follow the same procedures as listed above? .....  Yes  No  N/A  
*If no, please describe:* \_\_\_\_\_

**SENIOR CENTER INFORMATION**

Check if N/A

56. Does your facility provide:
- Meals? .....  Yes  No
  - Social Events? .....  Yes  No
  - Dancing? .....  Yes  No
  - Exercise Classes? .....  Yes  No
  - Other: \_\_\_\_\_

**FRAUD STATEMENTS**

**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.  
**LOUISIANA and MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Refer to the Core Application for all Fraud Statements.

**SIGNATURES**

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name - Printed	Date:
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

This area may be used to provide additional information to any question. Please reference the question number.