

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*: X	Authorized Representative Name - Printed	Date:
Producer Signature*: X	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.