

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 and answer questions for applicable exposures below:

	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"/>

*If you have Subcontracted Operations answer the questions in the Safety Program and Subcontracted Operations section of the Public Sector Services Insurance Application ([CP-7609](#))

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. Does all playground equipment and surface meet Consumer Product Safety Commission (CPSC) standards? Yes No N/A
6. Do you have a Certified Playground Safety Inspector? Yes No N/A

ORGANIZED ATHLETIC PROGRAM INFORMATION

7. Complete the following:

Activity	Participants			Third Parties / Leagues / Associations		
Check if activity exists	# of Youth	Age of Youth	# of Adults	You provide the facility /site and a third party, such as a league or association, controls the program. If no, go to question 8.	Are certificates of insurance obtained including coverage for participants showing limits of liability of at least \$1,000,000?	Are third parties required to name you as an additional insured in a contract or written agreement?
Football <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soccer <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hockey (Ice, Field, Inline) <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lacrosse <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Baseball <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wrestling <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cheerleading with Aerial Acrobatics <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gymnastics <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boxing <input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rugby <input type="checkbox"/>				<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"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you discontinued any athletic programs in the past 5 years? Yes No
 If yes, explain the program discontinued and reason for discontinuing:

9. For organized athletic programs you control, do you have a written concussion management program in place for all athletic programs? Yes No

If yes, answer all of the following:

- a. When was it implemented? _____
- b. Is it consistently implemented and enforced for all athletic programs identified above? Yes No
- c. Does it inform participants and parents on the:
 - i. Risks of concussions? Yes No
 - ii. Symptoms of concussions? Yes No
 - iii. Potential consequences of concussions over time and if not treated properly? Yes No
 - iv. General prevention and preparedness efforts to keep athletes safe? Yes No
- d. Does it require athletes and/or parents to sign a concussion injury information sheet? Yes No
- e. Does it have an action plan that includes immediately removing the participant from play or practice? Yes No
- f. Does it require that you keep a participant out of play or practice until they provide written clearance from a licensed medical professional? Yes No
- g. Does it mandate training for sports administrators, coaches, medical personnel, trainers, and other staff on the field? Yes No
- h. Does it require baseline testing to aid in concussion management? Yes No

- i. Does it comply with statutory requirements and any association bylaws (i.e. NCAA, NFHS, as applicable)? Yes No
10. Do you require all participants to carry and acknowledge that they maintain Accident & Health insurance? Yes No
11. Do you require consent and acknowledgment of risk of injury forms and waivers to be signed by participants and/or parents annually? Yes No
12. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin practicing? Yes No
13. Do you have a formal equipment and facility inspection and maintenance protocol in place? Yes No

Note: For additional information pertaining to concussion prevention, identification and management, refer to any of the various resources available on this topic – including, but not limited to, The Centers for Disease Control and Prevention (CDC) and others listed in the Travelers Risk Control eGuide “Athletic Programs: Playing It Safe.”

FIREWORKS INFORMATION

14. Complete the following:

<i>Name of Event</i>	<i>Licensed Pyrotechnicians?</i>	<i>Emergency Equipment</i>
	<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

15. Number of each Exposure:

<i>Pool</i>	<i>Pond/Lake/Reservoir</i>	<i>River/Stream</i>	<i>Ocean/Bay</i>	<i>Other (describe:)</i> _____

16. Identify all activities:

<i>Activity</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
Fishing	<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
Dock/Boat Launch	<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
Water Skiing	<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

17. Is swimming area roped or marked? Yes No
18. Are lifeguards certified? Yes No
19. Is diving permitted? Yes No Is diving supervised? Yes No Depth of water: _____
20. Is swimming area/beach checked for underwater obstructions, etc.? Yes No
21. Do you document maintenance, repair of facilities, water testing, chemical treatment? Yes No
22. What measures, if any, are used to eliminate or discourage after hours accessibility? _____

WATERSLIDE/AQUATIC CENTER

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

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

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

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

ARCHERY RANGE INFORMATION

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

27. Is perimeter fenced? Yes No

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

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

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

INFLATABLES INFORMATION

Owned Leased

31. Please describe the inflatable equipment that is used:

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

33. Are manufacturers safety guidelines followed? Yes No

34. 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

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

36. Do you supervise use of equipment? Yes No

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

HORSEBACK RIDING AND RODEO INFORMATION

38. Number of rodeos per year: _____

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

Describe controls for protecting spectators: _____

Describe horseback riding activities: _____

SKATE PARK INFORMATION

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

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

Facility Safety And Maintenance

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

Please describe Other security measures: _____

49. 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 (including fitness center child care)

50. Description of all daycare / day camp operations: _____

51. Is the facility licensed by the state? Yes No

If the facility is not licensed by the state, do all daycare/day camp facilities 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

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

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.

KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA: 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.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: x	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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.