



# GREAT AMERICAN INSURANCE GROUP

## Specialty Human Services Division

### ATHLETIC CLUB QUESTIONNAIRE



Name of organization: \_\_\_\_\_

Website address (URL): www. \_\_\_\_\_

1. Total number of members in each age category: \_\_\_\_\_ 1-12 \_\_\_\_\_ 13-17 \_\_\_\_\_ 18+

2. Does your organization:
- a. Provide day care or latch key? **If yes**, complete Child Care Questionnaire YES  NO
  - b. Own, lease or use camp facilities? **If yes**, complete Camp Questionnaire YES  NO
  - c. Provide any apartments or residential facilities? YES  NO   
**If yes**, complete Group Residential Facility Questionnaire

3. Does your organization provide accident insurance for members? YES  NO   
**If yes**,
- a. Insurance company name: \_\_\_\_\_ Policy number: \_\_\_\_\_  
 Policy period: \_\_\_\_\_ Limits: \_\_\_\_\_
  - b. Accident insurance applies:  to all members  is optional, at member's expense

4. Indicate all of the following activities that apply:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aerobics (include aerobic boxing)                                       | <input type="checkbox"/> Equestrian activities       | <input type="checkbox"/> Off Premises Water Activities                   |
| <input type="checkbox"/> Baseball/Softball/Basketball/Soccer                                     | <input type="checkbox"/> Football                    | <input type="checkbox"/> Roller-blading/Skating/<br>Skateboarding/Biking |
| <input type="checkbox"/> Body Wraps  | <input type="checkbox"/> Gymnastics                  | <input type="checkbox"/> Scuba Classes or Training                       |
| <input type="checkbox"/> Boxing/Martial Arts (contact)   | <input type="checkbox"/> Handball/Squash/Racquetball | <input type="checkbox"/> Tanning Booth                                   |
| <input type="checkbox"/> Boxing/Martial Arts - Non-contact                                       | <input type="checkbox"/> Ice Skating/Skiing          | <input type="checkbox"/> Weight Machines/Weights                         |
| <input type="checkbox"/> Climbing Wall/Ropes Course  | <input type="checkbox"/> Ice, Street or Field Hockey | <input type="checkbox"/> Weight Loss/Fitness                             |
| <input type="checkbox"/> Diving  | <input type="checkbox"/> Lacrosse/Rugby              |  |
| <input type="checkbox"/> Pool/Hot Tub/Sauna ( <b>complete Pool/Hot Tub/Sauna questionnaire</b> ) |  |  |

5. Indicate any of the following types of events that you sponsor or participate in.  
**Complete a Special Event Addendum for each event indicated.**
- |   |   |
|---|---|
| <input type="checkbox"/> Estimated attendance greater than 300 people                                 | <input type="checkbox"/> Haunted House  |
| <input type="checkbox"/> Aircraft or watercraft (motorized or not)                                    | <input type="checkbox"/> Home Tours   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides) |
| <input type="checkbox"/> Athletic participation (e.g., rope courses, climbing walls, marathons, etc.) | <input type="checkbox"/> Parade-participation or sponsorship  |
| <input type="checkbox"/> Fireworks Sales or Fireworks Show  | <input type="checkbox"/> Use of motorized vehicles of any type  |
| <input type="checkbox"/> None of the following apply  |   |

6. Is coverage desired for Professional Liability? YES  NO   
 If yes, complete Professional Liability Questionnaire

7. Does your organization own or lease vehicles? YES  NO

8. Is **non-owned auto liability** coverage desired? YES  NO   
**If yes**,
- a. Total number of: \_\_\_\_\_ **employees** \_\_\_\_\_ **volunteers**
  - b. Complete the following chart, indicating number of employees and volunteers that use their personal vehicles on behalf of your organization.

Type of Usage	Number of <b>Employees</b> with Daily or Weekly Usage	Number of <b>Volunteers</b> with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport members or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**ABUSE COVERAGE:**

9. **As respects abuse,**

- a. Have any claims been filed or allegations been made, against your organization or anyone working on behalf of your organization alleging abuse? YES  NO
- b. Are you aware of any occurrences that could lead to a claim? YES  NO

If yes to above, explain: \_\_\_\_\_

- 10. Does your facility have written policies that policy require known or suspected abuse incidents be reported to proper authorities? YES  NO

11. Provide the following information:

	Employees	Volunteers
a. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. State <b>10-digit fingerprint</b> criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Federal <b>10-digit fingerprint</b> criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal <b>10-digit fingerprint</b> criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

