



Specialty Human Services Division

GREAT AMERICAN INSURANCE GROUP
Specialty Human Services Division
COMPREHENSIVE QUESTIONNAIRE

This is an optional SHS Questionnaire which replaces all other SHS questionnaires.
Acords are still required.

Name of organization: _____

FEIN: _____ Website address: www. _____

If you do not have a website, attach brochure and detailed description of daily activities of organization.

A. Facilities and Operations

- 1. Indicate number of clients, students or members in each age category: [] NA
0-5 6-14 15-18 19-62 62-75 75-85 86+
2. Provide all applicable information:
Payroll: _____ Number of employees: _____ Number of volunteers: _____
Number of client workers: _____ Number of members: _____
3. Years under current management: _____
4. List all accreditations: _____
5. Is your organization a non-profit organization? YES [] NO []
6. Is your organization or any location operated by you, licensed by any regulatory authority? YES [] NO []
If yes,
a. Attach copies of all licenses and most recent inspection reports.
b. When were your facilities last inspected? _____
c. Were any violations or deficiencies noted on your most recent inspection? YES [] NO []
7. Do you have any buildings that are more than 50% vacant or unoccupied? YES [] NO []
8. What security measures are in place at your locations?
[] Electronic locks on doors [] Alarmed doors [] Wander-guard
[] Unarmed security guards [] Armed security guards [] Security cameras
[] Other: _____
9. If armed security officers are indicated:
a. Officers are (indicate all that apply): [] employed [] contracted
b. Is insurance in place for the security force (either employed or contracted)? YES [] NO []
If yes, attach a full copy of insurance policy.
10. Are portable heaters used in any buildings? YES [] NO []
If yes, describe type of heater and safety controls: _____
11. Do you have any plans for renovations or new construction during the next 2 yrs? YES [] NO []
If yes, describe: _____
12. Do you routinely receive donations of real property (land or buildings)? YES [] NO []
If yes, describe type of property accepted, condition of property accepted and usage of property: _____
13. If any locations have sprinklers, are the sprinkler heads recessed or protected by sprinkler head guards? YES [] NO []
14. Do you operate a bingo? YES [] NO []
If yes, provide annual number of attendees _____ and gross revenue: _____
15. Does your organization:
a. Provide adoption or foster placement services? YES [] NO []
b. Provide methadone or detoxification services? YES [] NO []
c. Provide services to sex offenders or those who have acted out sexually? YES [] NO []
d. Provide services to bi-polar, schizophrenic, paranoid, psychotic or severely mentally ill clients? YES [] NO []
e. Provide services to clients that are suicidal or violent? YES [] NO []
f. Provide services to those with Alzheimer's or dementia? YES [] NO []
g. Provide alternative sentencing, incarceration or lock-down programs? YES [] NO []
h. Provide medical services (e.g. skilled nursing, medical treatment, etc.)? YES [] NO []
i. Ever use chemical or physical restraints, or restraint techniques on clients or students? YES [] NO []
j. Provide respite care? YES [] NO []

- k. Have employed doctors, dentists, psychiatrists or nurse practitioners? YES NO
 - l. Sponsor rallies, civil demonstrations or protests? YES NO
 - m. Own or operate tanning beds? YES NO
 - n. Provide commercial lending services or handle client's money? YES NO
 - o. Only provide referrals to other organizations (no direct services)? YES NO
- If yes**, to any listed above, describe: _____

- 16. Do you have any mentoring programs that match youth with mentors? YES NO
If yes, is all contact between youth and mentors required to occur in a group setting? YES NO
- 17. Does your organization provide services in private homes (e.g. meal delivery, chore assistance, respite care, etc.)? YES NO
If yes, provide a description of services and how many clients are served: _____
- 18. Does your organization provide accident insurance for members or clients? YES NO
If yes,
 - a. Insurance company name: _____ Policy number: _____
 Policy period: _____ Limits: _____
 - b. Accident insurance applies: to all members or clients is optional, at member or clients' expense

B. Organizations in Business Less than 3 Years Section NOT APPLICABLE

Complete this section if your organization not been in business at least 3 years.

- 1. Please list all sources of funding or revenue and amount of funding or revenue for the current fiscal year: _____
- 2. What are total projected expenses for the current fiscal year? \$ _____
- 3. Attach copies of director and officers' resumes.

C. Outdoor Playgrounds or Other Outdoor Property Section NOT APPLICABLE

Complete this section if your organization has any outdoor playgrounds or property.

- 1. Does your organization have outdoor play equipment at any location? YES NO
If yes,
 - a. Was all equipment manufactured by a commercial manufacturer? YES NO
 - b. Was all equipment installed by an insured contractor? YES NO
- 2. Does your organization have any other type of outdoor property or equipment? YES NO
If yes, please describe type of property or equipment, the location and the value below. If additional space is required, provide an attachment or list on the Acord Property application.

D. Facility Rental Section NOT APPLICABLE

Complete this section if your organization rents your premises to others.

- 1. Number of times a year your premises is rented, either for a fee or at no cost? _____
- 2. Are all renters required to sign written rental contract? YES NO
- 3. Does your rental agreement contain "hold harmless" clause in your favor? YES NO
- 4. Does agreement make the renter responsible for security? YES NO
- 5. Do you rent premises to those that do not carry liability insurance? YES NO
- 6. Are all renters required to submit a certificate of insurance or a copy of the declarations page as proof of liability coverage? YES NO

E. Media Exposures Section NOT APPLICABLE

Complete this section if your organization (check all applicable):

- Creates your own advertising, brochures, pamphlets, websites or other materials using photographs taken by you or someone in your organization.
- Sells music or printed materials created, published or produced by someone within your organization.
- Airs television, radio or internet broadcast segments, PSAs or shows.

- 1. Do you always obtain written waivers that specifically release your organization from all liability arising from personal or advertising injury, prior to using the likeness of others (e.g. pictures) or prior to using the work product of others? YES NO

2. Frequency of broadcast segments: N/A daily weekly monthly infrequently
3. Describe all media created, produced or published by your organization: _____
4. Do you employ a contractor for creation or legal review of any materials? YES NO
If yes, describe materials subject to review and type of review: _____
5. Does your organization carry any type media liability insurance (broadcasters' liability, publishers' liability etc.)? YES NO
If yes, describe policy and what exposure is it used to insure: _____

F. Abuse Sensitive Clients, Members, Students

Section NOT APPLICABLE

Complete this section if your organization deals directly with minor clients (under age 18), developmentally or physically disabled clients, mentally ill clients or elderly.

- 1 **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 a or b above, explain: _____
2. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO
3. 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 10-digit fingerprint criminal record check?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. Federal 10-digit fingerprint criminal record check if in state less than 5 years (requires second set of fingerprint cards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check regardless of time in state (requires second set of fingerprint cards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Are all controls indicated in d-g required before 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 indicated above?	_____ years	_____ years

If no to any questions b. – h. above, explain all no responses: _____

G. Auto Questionnaire

Section NOT APPLICABLE

Complete this section if your organization has submitted owned, non-owned or hired automobile coverage to us.

1. Does your organization own or lease vehicles? YES NO
2. Are all vehicles submitted for coverage titled to the organization? YES NO
If no, describe which vehicles and list the titled owner: _____
3. Do any vehicles have wheelchair lifts? YES NO
If yes, describe wheelchair lift training provided to drivers: _____
4. Do you provide transportation to any clients, members or the general public? YES NO
If yes, describe: _____
5. Do you accept donations of vehicles of any type? YES NO
If yes, how are vehicles used?
 Used in daily operations of organization Sold directly to the public as a fundraiser
 Vehicle is titled to an independent broker. When sold, profits are returned to the organization.
6. Do any employees or volunteers use their personal automobiles on behalf of the organization, either on a daily or weekly basis? YES NO
If yes,
- a. Number of employees or volunteers that have daily or weekly usage of personal autos: _____ employees _____ volunteers
- b. Indicate type of usage (check all applicable):
 Errands Delivery of meals or property – average meals or stops per week: _____
 Transportation of other people – average number of people transported per week: _____

- c. Does your organization run or require an annual MVR for drivers that drive their personal autos? YES NO
- d. Does your organization require proof of personal auto insurance on vehicles driven for your organization, at each policy renewal? YES NO
- e. Does your organization have a minimum requirement for personal auto policy limits? YES NO
- If **yes**, indicate minimum limits you require: _____

H. Liquor or Alcohol Served or Sold

Section NOT APPLICABLE

Complete this section if your organization sells alcohol, either annually or for special events.

1. Gross annual alcohol sales: \$ _____
2. Is any employee or volunteer of your organization responsible for serving alcohol? YES NO
3. What alcohol dispensing controls are in place? _____
4. Type of license for alcohol sales: Permit for event only Annual liquor license

I. Special Events

Section NOT APPLICABLE

Complete this section if your organization holds, sponsors or co-sponsors any special events or fund-raisers.

1. Total number of events: _____
2. Do you sponsor or co-sponsor any parades? YES NO
- If **yes**,
- a. Number of: floats _____ horses _____ participants _____
- b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES NO
3. Describe all mechanical or non-mechanical devices used at special events? _____
4. Are devices indicated provided and operated by a contractor? YES NO
- If **yes**, do you obtain or require a certificate of insurance from the contractor? YES NO
5. Complete chart below for each event. If **additional space is required, provide information on an attachment.**

	Event 1	Event 2	Event 3
Name of event:			
Date, time and location of event:			
Activities at event (use all applicable activity codes from list below):			
Total estimated attendance:			
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gross sales from admissions:	\$ _____	\$ _____	\$ _____
Gross sales from food or non-alcoholic beverage sales:	\$ _____	\$ _____	\$ _____
Gross sales from alcohol sales:	\$ _____	\$ _____	\$ _____
Other gross sales:	\$ _____	\$ _____	\$ _____
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Activity Codes – for use above

- | | | |
|---------------------------|--|---|
| A. Golf outing | H. Aircraft (motorized or not) | O. Parade (only entry of float into a parade) |
| B. Wine tasting | I. Animals | P. Parade – participation in a parade (no-floats) |
| C. Dinner, gala or picnic | J. Athletic participation | Q. Parade – sponsorship of a parade |
| D. Auction | K. Fireworks sales or show | R. Use of any motorized vehicle(s) |
| E. House tour | L. Haunted house or trail | S. Concert – describe type of music |
| F. Fashion or Art Show | M. Mechanical rides | T. Other - describe |
| G. Bingo | N. Non-mechanical entertainment devices (e.g. bounce houses) | |

J. Sale or Distribution of Food or Merchandise

Section NOT APPLICABLE

Complete this section if your organization sells food or merchandise or donates food or merchandise to others.

1. Goods distributed or sold by the organization: Food New merchandise Used merchandise
2. Food is:
 - Sold - Gross sales: \$ _____
 - Distributed to individuals: value distributed: \$ _____ pounds distributed: _____
 - Distributions to other organizations: value distributed: \$ _____ pounds distributed: _____
3. Merchandise is: Sold - Gross sales: \$ _____
 - Distributed to individuals - value distributed: \$ _____
 - Distributions to other organizations - value distributed: \$ _____
4. Goods arrive at your premises by (check all that apply):
 - Other organizations deliver Picked up in owned autos Picked up in non-owned autos
5. Goods are distributed by (check all that apply):
 - Picked up at your location by individuals/families Delivered in owned auto
 - Picked up by an organization Delivered in non-owned autos
6. Do you provide any warranties of quality or safety on any food or merchandise? YES NO
7. Do you refurbish, repair, repackage, re-label, remove labels or in any other way modify items (excluding cosmetic changes)? YES NO
8. Are all sales indicated to be "as is"? YES NO
 - If yes,** this is indicated by: Signs Receipts Other: _____
9. Does the value of any item for sale exceed \$500? YES NO
 - If yes,** describe items: _____
10. Are forklifts used? YES NO
 - If yes:**
 - a. Do forklifts have back-up alarms? YES NO
 - b. Are forklift drivers certified to operate forklifts? YES NO
11. Do you publish and enforce housekeeping guidelines? YES NO
 - If yes,** attach copy of housekeeping rules.

K. Animal Rescue, Shelter, Humane Society or SPCA

Section NOT APPLICABLE

Complete this section if your organization provides animal shelter services.

1. Indicate all of the following operations or services you provide:
 - Gift Shop – gross sales: \$ _____
 - Pet Training – gross sales: \$ _____
 - Pet Grooming – gross sales: \$ _____
2. Number of kennels, cages or compartments you have on your premises? _____ YES NO
3. Does your organization provide shelter for large, wild or exotic animals? YES NO
4. Total number of:
 - a. Volunteer veterinarians: _____
 - b. Contracted veterinarians: _____
 - c. Employed veterinarians: _____
5. What is the annual payroll for employed veterinarians? \$ _____ YES NO
6. Does your organization employ animal control officers? YES NO
 - If yes,**
 - a. Do the officers have citation or arrest authority? YES NO
 - b. Do the officers carry firearms or tasers? YES NO
 - c. Does separate liability coverage apply to animal control officers? YES NO
7. Does your organization train all employees and volunteers in proper animal handling? YES NO
8. Does your organization test all animals for "adoptability" prior to adopting animals out? YES NO
9. Do you operate any mobile adoption vehicles? YES NO
10. Do you have a crematory? YES NO

L. Church or Religious Organization

Section NOT APPLICABLE

Complete this section if your organization is a church or other religious organization.

- 1. Church denomination: _____
- 2. Are any dwellings owned by the church? YES NO
If yes, is housing provided for clergy only? YES NO
- 3. Does any building have either stained glass, statuary or other fine arts affixed to the building? YES NO
If yes, attach a schedule of fine arts with values for each item.

M. Performance Arts Operations

Section NOT APPLICABLE

Complete this section if your organization offers performance arts (e.g. theatrical or musical productions).

- 1. What type of performances (e.g., ballet, plays, etc.)? _____
- 2. Number of performances that occur annually? _____
- 3. What is the annual attendance at all performances? _____
- 4. Do you hold any performances away from premises owned or leased by you? YES NO
If yes, do you provide ushers, ticket takers or ticket sellers? YES NO
- 5. Are any pyrotechnics used during performances? YES NO
If yes, describe type of pyrotechnics and safety controls in place: _____
- 6. Do you perform at locations owned by or leased to your organization? YES NO
If yes,
 - a. What is the seating capacity of the theater? _____
 - b. Is the building fully sprinklered? YES NO
 - c. Are there curtains on the stage? YES NO
If yes, are curtains fire resistant? YES NO
 - d. Are ushers utilized to assist patrons to seats during performances? YES NO
 - e. Are aisles lighted? YES NO
 - f. Is the theater equipped with emergency lighting? YES NO
 - g. Are exits lighted? YES NO
 - h. Is there panic hardware on the exits? YES NO
 - i. Is there balcony seating? YES NO
 - j. Is there a lowered pit area near the stage? YES NO

N. All camps

Section NOT APPLICABLE

Complete this section if your organization provides any camps (day camps or overnight).

- 1. Number of days the camp operates per year: _____
- 2. Average number of campers per day: _____
- 3. Number of campers in each age range: _____ under 12 _____ age 13 - 16 _____ over age 16
- 4. Total number of: _____ adult counselors _____ youth counselors

O. Camps with campgrounds or overnight camping

Section NOT APPLICABLE

Complete this section if your organization provides overnight camping or campgrounds.

- 1. What lifesaving skills are required of the counselors?
 CPR Lifeguard Training First Aid Other _____
- 2. Do you have a nurse on site? YES NO
- 3. Do you keep a medical history on file for each camper? YES NO
- 5. Is the camp located in a canyon or an area prone to brush or wildfires? YES NO
- 6. Is camp located in a remote area? YES NO
If yes, describe all available sources of water and fire fighting equipment: _____
- 7. Does a caretaker live at the camp during the off-season? YES NO

P. Childcare, Headstart or Latchkey

Section NOT APPLICABLE

Complete this chart if your organization provides childcare, headstart or latchkey care.

Location(s) (copy this sheet if additional space is needed)	# of Childcare Personnel	Age Range of Children	# of Children Licensed for	Average Daily Attendance Full-Day	Average Daily Attendance Half -Day*

* Count each child as one attendee for Average Daily Attendance

Q. Schools

Section NOT APPLICABLE

Complete this section if your organization is a licensed school or other educational institution.

- Is this a charter school? YES NO
- Is corporal punishment coverage desired? YES NO
- Does school have any stadiums, bleachers or grandstands? YES NO
- Your school's primary purpose or mission to provide the following types of education (check all applicable):
 - Art, dance or music
 - Education to learning impaired
 - Education to emotionally impaired, including mentally ill, suicidal, violent and/or oppositionally defiant
 - Education to developmental impaired
 - Education to physical impaired

R. Vocational training or sheltered workshops

Section NOT APPLICABLE

Complete this section if your organization provides vocational training or sheltered workshops.

- Number of : Supervisors/trainers: _____ Total clients per day: _____
- Number of: Physically disabled: _____ Mentally disabled: _____
- Number of job coaches you employ? _____ Payroll for job coaches: \$ _____
- Level of clients' disability – check all applicable: none mild moderate severe/profound
- Total annual sales from workshop: \$ _____ Annual sales from recycling: \$ _____
- Total annual payroll to clients: For janitorial services: \$ _____ For landscaping services: \$ _____
Total payroll to all clients: \$ _____
- Does your organization pay clients at least minimum wage for their work? YES NO
- Are all client workers covered under your workers compensation policy? YES NO
If no, are clients covered under any other organization's workers compensation? YES NO
- Do you perform component assembly or manufacturing for other companies? YES NO
If yes,
 - Are any components assembled or products manufactured for the auto, truck, aircraft or aerospace industry? YES NO
 - Attach a list of all companies and all products for each company.
 - Are written contracts in place for all work? YES NO
 - Do all contracts contain hold harmless clause in favor of your organization? YES NO
- Do you store or warehouse either product components or completed products? YES NO
If yes, list all storage locations and area on the GL Acord application.
- Indicate all activities your clients participate in:
 - Commercial cooking
 - Construction trades (framing, roofing, etc.)
 - Electrical component wiring
 - Heat sealing, shrink-wrapping
 - Janitorial or landscaping
 - Laundry services or sewing
 - Light office work, packaging or assembly
 - Repair of appliances or vehicles (cars, bikes, etc.)
 - Use of bailing machinery, conveyer systems, presses, press brakes or metal shearing machinery
 - Recycling-processing
 - Recycling-sorting only
 - Silk-screening or spray painting
 - Use of power tools or wood-working
 - Use of flammable or corrosive chemicals
 - Use of scaffolding
 - Welding
 - Other: _____

11. Do you have a safety coordinator? YES NO
12. Do you have an orientation program which all staff and regularly scheduled volunteers complete within their first month at the facility? YES NO
- If yes, does orientation include:**
- a. A review of the facility's safety procedures? YES NO
- b. Training in emergency procedures (including first aid)? YES NO
- c. Job responsibilities? YES NO

S. Clubs – All Types

Section NOT APPLICABLE

Complete this section if your organization is a club or membership based organization of any type.

1. Does your organization own, lease, rent or use any buildings or locations? YES NO
- If yes,**
- a. What are the hours of operation each day?
 Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____
- b. Are employees always on-site during operating hours? YES NO
- c. Are members allowed to access the facility during non-operating hours? YES NO
- d. Is club access restricted to club members and their guests? YES NO
- e. Are minors required to be accompanied by a parent or guardian? YES NO
- If no, explain guidelines applicable to minors:** _____
-
2. Indicate all applicable sources of income and gross sales from each:
- Membership or initiation fees: \$ _____ Food or beverage sales: \$ _____
- Other sales or income: \$ _____ Describe source of other sales or income: _____

T. Health or Exercise Clubs

Section NOT APPLICABLE

1. Has your facility or part of your facility been inspected by any regulatory or health authority within the past five years? YES NO
- If yes, attach a copy of your most recent inspection.**
- a. Were any violations or deficiencies found in your most recent inspection? YES NO
- b. How often are you subject to inspection and by what authority? _____
2. How often do you inspect your premises and equipment? _____
3. Do you maintain an inspection log to document inspections? YES NO
4. Are signs posted throughout the facility indicating how to properly use the equipment? YES NO
5. Are ground fault interrupters (GFI) used on all outlets in all wet areas (e.g. showers)? YES NO
6. Are all wet areas (e.g. showers, locker rooms, etc.) equipped with slip resistant flooring? YES NO
7. Do you require at least one CPR and First Aid certified employee to be on duty at all times? YES NO
8. Are there written medical emergency and evacuation procedures in place? YES NO
- If yes, are all employees and contractors trained in emergency procedures?** YES NO
9. Are incident reports completed and maintained for all injuries, regardless of severity? YES NO
10. Indicate all services or programs offered:
- | | | |
|---|--|---|
| <input type="checkbox"/> Babysitting (while parent(s) exercise) | <input type="checkbox"/> Diet center/weight loss | <input type="checkbox"/> Physicals/stress testing |
| <input type="checkbox"/> Beauty salon/hair services | <input type="checkbox"/> Massage | <input type="checkbox"/> Sports medicine/rehab |
| <input type="checkbox"/> Blood analysis | <input type="checkbox"/> Nutritional counseling | <input type="checkbox"/> Weight loss competition(s) |
| <input type="checkbox"/> Body wrapping | | |
11. Do you sell any dietary supplements or herbal remedies? YES NO
- If yes, do you manufacture or re-label any products as your own?** YES NO
12. Do you employ any certified athletic trainers? YES NO
- If yes, please describe daily activities of CAT:** _____
13. Do you offer any services where there are not at least two staff members present? YES NO
- If yes, describe services:** _____
14. Do you run criminal background checks on employees? YES NO

U. Athletic Activities

Section NOT APPLICABLE

Complete this section if your organization provides any athletic activities.

1. Is a waiver/release/hold harmless required to be signed by participant or the parent or guardian of the participant prior to participation in all athletic activities? YES NO
- If yes, has your waiver form been reviewed by legal counsel?** YES NO
- Attach** copy of waiver.

2. a. Indicate all of the following activities that you offer at any location:
- | | | |
|--|---|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Diving | <input type="checkbox"/> Paintball |
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Free weights | <input type="checkbox"/> Racquetball or squash |
| <input type="checkbox"/> Aerobic boxing or kick-boxing | <input type="checkbox"/> Football - Flag | <input type="checkbox"/> Riflery |
| <input type="checkbox"/> Acupuncture/acupressure | <input type="checkbox"/> Hockey - Ice, Street, Roller or Field | <input type="checkbox"/> Rollerblading, Skating, Skateboarding |
| <input type="checkbox"/> Circuit training/cardio | <input type="checkbox"/> Inflatable devices | <input type="checkbox"/> Scuba Classes or Training |
| <input type="checkbox"/> Football -Tackle | <input type="checkbox"/> Lacrosse/Rugby | <input type="checkbox"/> Skiing (downhill) or snowboarding |
| <input type="checkbox"/> Baseball/Softball/Basketball/Soccer | <input type="checkbox"/> Motorized vehicles, including
dirt bikes, go carts, etc | <input type="checkbox"/> Swimming - Lake |
| <input type="checkbox"/> Biking, Mountain Biking, BMX | <input type="checkbox"/> Obstacle course(s) | <input type="checkbox"/> Trampolines, mini-trampolines |
| <input type="checkbox"/> Boxing - Contact | <input type="checkbox"/> Outdoor rock climbing, rappelling | <input type="checkbox"/> Water skiing or kayaking |
| | | <input type="checkbox"/> Wilderness trips |
- b. Describe in detail each activity indicated and safety controls in place: _____
3. Do you organize any or offer league or team sports? YES NO
If yes, total number of registrants you have in all sports? _____
4. Do you sponsor competitions or teams that participate in competitions? YES NO
If yes, describe: _____
5. Do you offer martial arts programs? YES NO
If yes,
- a. Martial arts are (check all applicable): non-contact partial contact Full contact
- b. Are any bladed weapons ever used? YES NO
- c. Describe specific types of martial arts offered and safety equipment required: _____
6. Do you offer gymnastics programs? YES NO
If yes,
- a. Describe your gymnastics program, including levels, type of equipment used, number of registered participants: _____
- b. Describe the mats and crash pads around all equipment and how they are secured in place: _____
7. Do you offer skateboarding or own or operate a skate park? YES NO
If yes,
- a. Describe your skateboarding program/activities, including facility and number of registered participants. Include photos of the skateboarding area: _____
- b. Is the skateboard facility supervised by your adult employees or volunteers? YES NO
- c. Are all skateboarders required to wear helmets, wrist guards, elbow and knee pads, and appropriate shoes and clothing? YES NO
8. Do you offer whitewater boating or rafting activities? YES NO
If yes,
- a. Describe whitewater activities including river rating scale or class and number and ages of registrants. _____
- b. Are all boats staffed by an experienced, insured guide? YES NO
- c. Do you require at least one member of the trip to be skilled in life saving techniques? YES NO
- d. Are all rafters required to wear a helmet and life vest with leg straps? YES NO
- e. Are all rafters trained on safety procedures? YES NO
9. Do you offer other boating activities? YES NO
If yes,
- a. Number of boats you own or operate? _____boats without motors _____ motorboats
- b. Are all boaters and skiers required to wear life vests with leg straps? YES NO
10. Do you offer snow skiing or snowboarding? YES NO
If yes,
- a. Describe your skiing and snowboarding activities, including styles, age and number of participants and number of instructors: _____
- b. Are all ski activities conducted at a commercially operated ski facility? YES NO
- c. Are all skiers required to wear helmets and goggles? YES NO
11. Do you offer horseback riding activities of any kind? YES NO
If yes,
- a. Describe riding activities including locations where riding is done, type of riding, and number of participants registered: _____
- b. Is jumping or racing prohibited? YES NO
- c. Is riding restricted to an arena or enclosed area? YES NO
- d. Are all riders required to wear riding helmets, appropriate clothing, and shoes? YES NO
- e. Number of horses owned by your organization? _____
- f. Are all riding activities provided by independent contractors? YES NO

12. Do you own or operate any rope courses? YES NO

If yes,

- a. Describe the course and program, including location, number of elements, height, frequency of use, and number of users annually. Include photos of your rope course: _____
- b. Describe the qualifications and training program of your course operators or supervisors: _____
- c. Describe safety controls in place: _____
- d. Are all participants required to wear a helmet? YES NO
- e. Is all safety equipment inspected prior to every use? YES NO
- f. Was course designed, built, and inspected by an ACCT Professional Vendor Member? YES NO

13. Do you own or operate a climbing wall or tower? YES NO

If yes,

- a. Climbing wall or tower is (check all applicable): Located inside a building Located outside
- b. Was the wall or tower designed and installed by a licensed, insured contractor? YES NO
- c. Indicate climbing styles available:
 Bouldering (maximum height _____) Top-rope Lead climbing
- d. Are climbers permitted to climb without harness, helmet or other safety equipment? YES NO
If yes, describe under what circumstances: _____
- e. Describe your methods of screening users before allowing them to climb or belay: _____
- f. Are belay system anchors "backed-up"? YES NO
- g. Is the belayer anchored to a secure point? YES NO
- h. What is the minimum age for belayers? YES NO
- i. Is there a minimum of 6 inches of fall protection beneath the climbing wall or tower out to a distance of 6 feet from the base of the wall(s)? YES NO
- j. Are rules, regulations and emergency procedures clearly posted in the climbing area? YES NO
- k. Describe wall and equipment inspection and maintenance procedures and schedule, including how records are maintained: _____
- l. Is there a program in place to identify equipment that needs to be replaced? YES NO
- m. How do you control access to the climbing wall or climbing area, both during and after business hours? _____
- n. Are the following always present when the wall is being used:
 - 1. A staff member who is trained in the safety rules and is certified to belay? YES NO
 - 2. A full-time staff member who is certified to provide first aid? YES NO
 - 3. A first aid kit? YES NO
- o. Describe your emergency response plan in case of an accident: _____
- p. Number of climbers or belayers that have been injured in the past year? _____

14. Do you own or operate any swimming pools? YES NO

If yes,

- a. Number of pools on your premises: _____
- b. Provide information on all pools below. If more than 3 pools, please provide information on an attachment.

	Pool 1	Pool 2	Pool 3
Size, location and description:			
Indoor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Enclosed by "child proof" gate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Slip resistant surfacing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does pool have a pump safety shutoff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Indicate number of drains:			
Indicate shallow-end depth:			
Indicate deep-end depth:			
How is depth marked (e.g. painted markers on pool bottom, life line)?			

- c. Do you have any diving boards, diving platforms, slides or water trampolines? YES NO
If yes, provide number, and describe location and height of all slides, diving boards, diving platforms or water trampolines: _____
- d. Are all pool chemicals kept in a dry, ventilated, locked storage area? YES NO
- e. Is there always a certified lifeguard on duty? YES NO
- f. Is safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards, back boards)? YES NO
- g. Is there a phone in the pool area with emergency phone numbers posted nearby? YES NO
- h. Do you have suspended ceilings above any pools at any locations? YES NO
- j. Do you have a swim team, dive team or water polo team? YES NO
15. Do you have any water park playground areas? YES NO
If yes, describe surfacing and playground elements: _____
16. Do you own or operate any hot tubs or whirlpool? YES NO
If yes,
- a. Do all hot tubs or whirlpools have at least 2 drains? YES NO
- b. Is there a clearly marked emergency pump shutoff switch nearby? YES NO
- c. Are temperatures always kept at 104° or less? YES NO
- d. Is the hot tub operated on an automatic timer? YES NO
- e. Is supervision of minors required at all times? YES NO
17. Have all pools and spas been equipped with anti-entrapment drain covers or systems? YES NO
If yes, describe systems installed and date for each pool or spa: _____

V. Residential or Overnight Housing – All Types

Section NOT APPLICABLE

Complete this section if your organization provides overnight housing of any type.

1. Is property subject to HUD inspection? YES NO
If yes, attach copy of REAC report.
2. Is smoking permitted inside any location? YES NO
3. Are all units equipped with smoke detectors? YES NO
If yes, indicate all that apply:
 hardwired battery operated hardwired with battery backup
4. Do you have any locations with sleeping areas above the second floor? YES NO
If yes, are all such buildings 100% sprinklered (including sleeping areas)? YES NO
5. Are all units equipped with carbon monoxide detectors? YES NO
6. Do you allow grills or fire-pits on patios or balconies? YES NO

W. Residential other than Apartments

Section NOT APPLICABLE

Complete this section if your organization provides residential or overnight facilities, other than apartments.

1. What is your staff to client ratio? _____
2. Are male and female residents separated unless they are part of the same family? YES NO
3. Type of clients or residents in your care overnight – complete chart:

Type of clients	# of clients	Type of clients	# of clients
Skilled Care		Inpatient Crisis Center	
Independent living – seniors or developmentally disabled		Shelter – homeless or battered families	
Assisted living– seniors or developmentally disabled		Shelter – victims of sexual abuse	
Hospice		Residential therapeutic treatment	
Respite care		Half-way house or transitional housing	
Sober living (post detox)		Other (specify)	

4. Are any residents mentally ill or mentally disordered?

YES NO

If yes, complete chart:

	Disorder	Total percentage of residents with disorder
<input type="checkbox"/>	Psychotic disorders: e.g. Schizophrenia or schizoaffective disorder, paranoia	
<input type="checkbox"/>	Mood disorders: e.g. Bi-Polar, mania, manic depressive, depression	
<input type="checkbox"/>	Conduct disorders: e.g. vandalism, aggression, truancy, problems with impulse control	
<input type="checkbox"/>	Eating disorders: bulimia, anorexia	
<input type="checkbox"/>	Sexual acting out or pedophilia	
<input type="checkbox"/>	Pyromania or fire-starting	
<input type="checkbox"/>	Suicidal or self-injurious	
<input type="checkbox"/>	Cognitive disorders (e.g. delirium, dementia, Alzheimers, or memory problems)	
<input type="checkbox"/>	Autism	
<input type="checkbox"/>	Other- describe:	

5. Number of residents that have eloped, disappeared or gone absent without permission from any of your facilities during the current year and prior two years? _____

6. Do you prohibit acceptance of residents who have been convicted of a violent or sexual crime? YES NO

7. Does your organization provide assistance with activities of daily living (ADL)? YES NO

If yes, total number of clients? _____

a. Indicate number of clients' by level of functionality in each ADL in the chart below:

ADL - Activities of Daily Living	Number of clients that perform with no physical assistance	Number of clients that perform with minimal physical assistance	Number of clients unable to perform without assistance
Bathing (sponge, bath or shower)			
Dressing			
Toileting			
Transferring (in/out of bed or chair)			
Assisting with incontinence			
Eating			

b. Number of non-ambulatory residents at each location (residents that cannot walk or move without the assistance of a wheelchair, walker or cane): Location 1: _____ Location 2: _____ Location 3: _____

X. Professional Liability

Coverage Not Desired

Complete this section if your organization would like a quote for professional liability.

1. Does your organization provide:

a. Alternative or complementary medical practices (e.g. acupuncture, chiropractic, herbal remedies, hypnotherapy, healing services, etc.)? YES NO

b. Catheterization, feeding tube maintenance or injection of prescribed medications? YES NO

c. Obstetrical /gynecological? YES NO

d. Prescription of medications? YES NO

e. Advocacy (representation of individuals in legal proceedings) or legal? YES NO

f. Crisis intervention (hotline, inpatient, etc.)? YES NO

g. Counseling for those with eating disorders? YES NO

h. One-on-one or peer counseling? YES NO

i. Program for individuals with infectious or contagious disease? YES NO

If yes to any above, provide detailed description of services: _____

2. Indicate if any of the following types of professionals work for your organization. **If your organization employs professionals in these positions, contact your agent before proceeding:**

Name of Position	Employees	Volunteers	Contractors
Medical Doctor, Dentist, Psychiatrist			
Nurse Practitioner, Physician Assistant			
Medical Students			

3. List number of employees (full or part-time), volunteers and contractors by position below:

Check if organization has no degreed professionals.

Name of Position	Employees	Volunteers	Contractors
Clergy			
Health care professionals (e.g. CNA, LPN, RN, speech therapists, occupational therapists, etc.)			
Teachers, daycare workers			
Special education teachers, guidance counselors, vocational counselors			
Mental health professionals (e.g. psychologists, social workers, counselors)			
Student interns under your supervision			
Other degreed professionals Describe degree level and position			
Total Number			

4. Of the employees, volunteers and contractors listed above, do any carry their own professional liability insurance? **YES** **NO**
If yes, are procedures in place to verify current insurance is maintained at all times? **YES** **NO**
5. Do you maintain copies of licenses for all employed, volunteer and contracted professionals who are required to be licensed? **YES** **NO**
If yes, are procedures in place to verify current licenses are maintained? **YES** **NO**
6. Does your current insurance program provide professional liability coverage? **YES** **NO**
If yes, is your policy claims made? **Unknown** **YES** **NO**
7. Has any organization employee ever been reprimanded, refused admission or suspended by any association or administrative agency? **YES** **NO**
8. Has your organization's license ever been suspended, revoked or made conditional by any association, administrative or regulatory agency? **YES** **NO**
9. Have there been any allegations of negligence or failure to comply with any regulatory or licensing guidelines within the past 5 years? **YES** **NO**
10. **As respects professional liability coverage**, is your organization aware of any circumstances that may result in a claim being made or any claims or suits which have been made during the past five years against your organization or any individual to be covered by this policy? **YES** **NO**

Completed by: _____

Date Completed: _____