



YOUTH RECREATION PROGRAM APPLICATION

P.O. Box 3870, Glen Allen, VA 23058-3870
(800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications)
Please complete a separate application for each location

NAMED INSURED: _____

Insured's E-mail address: _____

Insured's Website address: _____

Person to contact for safety questions/mailings/info: _____

Employer's Federal ID Number: _____

Please attach the following:

- | | |
|--|---------------------------------|
| ACORD Applications (For all lines of coverage to be written) | Loss Runs |
| Statement of Values (For blanket &/or agreed amount property coverage) | Brochures/Promotional Materials |
| Athletic Participants' Sample Waiver Forms | |

This application consists of the following sections. Complete all sections that apply. Some questions may not apply to your operation. In that case, please put N/A in the space for the answer.

Section I – General Information

Section V – Trips and Travel

Section II – Activities

Section VI– Special Needs Participants

Section III – Property

Section VII - Automobiles

Section IV – Facility Rental

Section I - General Information

- Type of program: YMCA/YHCA YWCA Boys' & Girls' Club Boy Scouts Girl Scouts
 Indian Guides Camp Fire Councils JCC Other (Describe: _____)
- Services offered (check all that apply): Youth Recreation Overnight Camp Day Camp Fitness Center
 Fitness Classes Child Day Care Adult Day Care Babysitting Pools Counseling Services
 Shelters (Women's, Children, Homeless) Temporary Lodging for Transients Other Social Services
 Snack Bar/Restaurant Other (Describe: _____)
 Profit Non-Profit Co-ed Boys Girls

****The following additional supplemental applications will apply IF the corresponding services are marked above:
Swimming Pools, Camps, Child Care, Adult Day Care, Shelters, Residential Facility, Miscellaneous Social Services.
An additional application is also required if Accident-Medical Coverage is requested.**

- What are your hours of operation? From _____ to _____
Number of members _____ Number of active members _____ Staff to child ratio _____
- Do you have a written crisis management/emergency plan? Yes No
Does the plan apply to both on premises and off premises situations? Yes No
- How long has your director been in his or her position with your facility? _____
How many total years' experience does the director have as a facility director? _____
Does the director or any other employees train outside groups in anything, such as CPR or lifesaving? Yes No
If yes, describe: _____
- Do you loan or lease your director or employees to any other operations, both owned and non-owned? Yes No
If yes, explain who, how often and for what purpose: _____

7. a. Is staff (paid & volunteer) required to complete an employment application? Yes No
 If no, explain: _____
- b. Are criminal investigations conducted on all staff, including the director, (paid & volunteer) before hiring?
 (This includes anyone who will be a regular volunteer) Yes No
- c. How many years' of applicant's history does the investigation span? _____
- d. After how many years are background checks done again for every employee, volunteer & the director?
 Every _____ years
- e. Which of the following do you search when you conduct background checks on your employees & volunteers?
 Check all that apply. County criminal records State criminal records National criminal index
 Sex offenders Nationwide U.S. Wants & Warrants Teacher license Education verification FBI
- f. Does your staff (paid and volunteer) employment application ask if the applicant has ever been
 convicted of any crime, including sex-related or child-abuse related offenses? Yes No
- g. At staff orientation, do you discuss child abuse and sexual abuse, how to recognize the signs,
 and what to do if a child reports someone molested him/her? Yes No
- h. Do you require mandatory training for all staff each year about these subjects? Yes No
- i. Do you verify employment references? Yes No
- j. Do you conduct a personal interview? Yes No
- k. Do you have a written policy addressing abuse and individual contact that may occur between
 children and volunteers or staff? Yes No
- l. Is a formal incident reporting procedure in place? Yes No
- m. Is a formal procedure in place to verify who is picking up the child when the child leaves the premises?
 Yes No
- n. Have you had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe details in Comments Section (pg. 6). Include any resulting claims, the
 outcome and damages paid.
8. Do you dispense medication? Yes No
 If yes, are written instructions from parents required prior to administering medications to minors? Yes No
 Is all medication stored in its original containers? Yes No
 Is all medication inaccessible to children? Yes No
 How many of the following medical professionals are on staff?
 RN____ LPN____ EMT____ MD____ PA____ Other____ (Describe _____)
 Do the professionals carry their own malpractice insurance? Yes No
 If yes, do you request a certificate of insurance as proof? Yes No
 Are any of the medical professionals volunteers? Yes No
 Is a log kept to record each time a medication is administered? Yes No
9. Do you accept special needs participants? Yes No
If yes, please complete Section VI.
10. Do you take participants on field trips or travel? Yes No
If yes, complete Section V.
11. Do you rent or lease your facility to outside entities? Yes No
If yes, complete Section IV.
12. Do you sponsor or participate in special events or fundraisers? Yes No
 If yes, please list all types of events. Use additional paper if needed. _____

13. Do you accept adjudicated youth or adults as volunteers? Yes No
14. Are all minors required to sign in? Yes No
15. Are all visitors to the facility required to sign in and sign out? Yes No
16. Are all entrances attended? Yes No
17. Are smoke detectors installed in all sleeping areas? Yes No
18. What is your income from all sources (latest 12 months)?
- | | | | |
|------------------|----------|---------------|----------|
| Membership Fees: | \$ _____ | Donations: | \$ _____ |
| Snack Bar: | \$ _____ | Fund Raisers: | \$ _____ |
| User Fees: | \$ _____ | Child Care: | \$ _____ |
| Other: _____ | \$ _____ | Other _____ | \$ _____ |
- Bingo (Indicate # of admissions annually) _____ **TOTAL ALL RECEIPTS \$** _____
19. JCC'S ONLY: Do you sponsor or participate in the Maccabi Games? Yes No
20. GIRL SCOUTS ONLY: Do you allow scouts to go unaccompanied door to door selling cookies? Yes No

Section II – Activities

1. Do you require all participants in organized sporting activities to carry Accident Medical Insurance? Yes No
2. Do you require a permission/release form for participation in athletic activities? Yes No
3. Are all instructors your employees? Yes No
4. Please check all activities offered:
- | | | |
|--|---|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Football (touch or flag) | <input type="checkbox"/> Skating* |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Go Karts** | <input type="checkbox"/> Rugby** |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics* | <input type="checkbox"/> Scuba Diving* |
| <input type="checkbox"/> Bicycle Trips* | <input type="checkbox"/> Hiking/Backpacking | <input type="checkbox"/> Skateboarding* |
| <input type="checkbox"/> Boxing** | <input type="checkbox"/> Hockey, Ice** | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Martial Arts* | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Cheerleading* | <input type="checkbox"/> Motorbikes/Minibikes | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cross Country Track | <input type="checkbox"/> Motorcycles/ATV's** | <input type="checkbox"/> Trampoline** |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Mountain Biking or | <input type="checkbox"/> Wall Climbing* |
| <input type="checkbox"/> Diving | <input type="checkbox"/> BMX* | <input type="checkbox"/> Woodworking* |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Paintball** | <input type="checkbox"/> Wrestling* |
| <input type="checkbox"/> Education | <input type="checkbox"/> Rocketry, Model | |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> rockets* | |
| <input type="checkbox"/> Football (tackle)** | <input type="checkbox"/> Roller Skating/In-Line | |
| <input type="checkbox"/> Other Unique Activities (Describe): _____ | | |

*** Please attach a copy of the safety plan for these activities. ** These activities are excluded. Also see additional questions below.**

5. Additional Activity Information (*Attach safety plan for these activities). Complete for all activities you provide or sponsor.
- a. Community Service - Please list type of activity and the ages and numbers of participants: _____
- b. Ice Skating - Rink OR Lake?
- c. Martial Arts - List the type(s) taught: _____
- Are all instructors certified? Yes No
- If yes, by whom? _____
- Is sparring or contact permitted? Yes No

If yes, complete a Market Insurance Company Martial Arts Application.

- d. Skating/In Line Skating – Is there a separate, designated area for skating? Yes No
- e. Woodworking - Is protective eye gear worn? Yes No
- All machines properly guarded? Yes No
- Is area properly ventilated? Yes No
- Is there a dust accumulation system or procedure (if indoors)? Yes No

Section III – Property

***Please attach a diagram of each location to be insured showing all buildings. Number the buildings to correspond with building numbers on the ACORD Property application. Provide distances between all buildings on the diagram.**

1. Do you have cooking facilities on premises? Yes No
If you use deep fat fryers, grills or other cooking equipment other than a range, microwave or countertop electric heating device, please complete the following.
2. Is there an automatic extinguishing system in the kitchen? Yes No
Does the automatic extinguishing system protect the following? (Check all that apply)
 Cooking surfaces? Exhaust ductwork? Hoods? Deep fat fryers? Other cooking appliances
3. Do all deep fat fryers have high limit switches? Yes No
4. Does the extinguishing system have an accessible manual release control? Yes No
5. List the brand name and age of the extinguishing system: _____
6. Is the system U.L. listed? Yes No
7. Is there an inspection/maintenance agreement? Yes No
If yes, what is the frequency? _____
8. How often is the hood and ductwork professionally cleaned? _____
9. What is the frequency and method of cleaning hoods and grease filters? _____
10. Are grills equipped with grease traps? Yes No
11. Are all flammables and combustibles (like paper goods, etc.) stored separately from ignition sources (like cooking areas, propane, etc.)? Yes No

ADDITIONAL TYPES OF PROPERTY:

If miscellaneous property is to be covered (computers, watercraft, sporting equipment, ropes course, docks, piers, wharves, outdoor equipment, signs, fences, pools, and similar property), please list them with each item's insured value on a separate schedule, the ACORD Property or Inland Marine application(s) or the Statement of Values.

Section IV – Facility Rental

1. Do you rent to outside groups? Yes No
If yes, complete the following.
2. Is a written lease required for every rental? Yes No
3. Do you obtain certificates of insurance with liability limits of at least \$1 million? Yes No
If yes, are you named as an additional insured on the lessee's liability insurance policy? Yes No
4. What are your gross receipts from all rental operations? \$ _____
5. What activities are offered to rental groups? _____
Do you provide supervision of any of these activities? Yes No
If yes, which activities? _____
Number of individuals/day _____ Number of rental days/week _____ Number of weeks/year _____
6. Are all safety requirements spelled out in writing in the lease agreement? Yes No

Section V – Trips/Field Trips/Travel

1. How many trips are sponsored each year? _____ If there are any trips, complete the following.
2. Are all trips within the United States, U.S. Territories, or Canada? Yes No
If no, where are trips taken? _____
3. Do any trips last more than one day? Yes No
If yes, describe duration, destination(s) and purpose: _____
4. What is the ratio of adult staff to participants by age group? _____

5. Are signed permission and waiver agreements obtained from the custodial parent(s) for all trips a participant takes? Yes No
If no, explain your procedure for permissions and waivers: _____
6. Do all parents receive detailed information about the trip (place, transportation, supervision, times), objectives, necessary provisions and instructions prior to the trip? Yes No
7. Do all participants wear identification tags or identifiable clothing on all trips? Yes No
8. Do you hire an outside firm to arrange the trips? Yes No
9. Are participants allowed to drive their own cars on trips? Yes No
If yes, are they allowed to transport other participants? Yes No
10. Is proof of insurance required for anyone who drives their own vehicle on a sponsored trip? Yes No
11. Is there a formal policy regarding emergencies and trained personnel on all trips? Yes No

Section VI – Special Needs Participants

1. What percent of your participants have special needs?: _____%
2. Do any of your supervisory personnel have experience in an area relevant to the special needs participants you serve? Yes No
If yes, describe type, training and length of experience: _____
3. Are staff ratios adjusted for special needs participants? Yes No
If yes, what is the ratio? _____ Staff to _____ Special needs participants
4. Is the supervisory staff informed about the limitations/abilities of the special needs participants regarding activities, diet, medical requirements, etc.? Yes No
5. Does your crisis management plan include contingency plans for these participants? Yes No
6. Do you provide additional services, such as counseling hot lines, seminars or other activities specific to special needs populations or their families? Yes No
If yes, describe: _____

Section VII – Automobile Coverage

Complete if owned, non-owned or hired auto coverage is requested.

1. Do you give all drivers a driving test in a vehicle of the type they'll be operating? Yes No
2. Do you keep an up-to-date vehicle maintenance log for each vehicle serviced? Yes No
3. Do you require each driver to walk around and inspect the vehicle prior to transporting participants? Yes No
4. If you rent or hire vehicles, which of these types do you hire or rent? Check all that apply.
 Vans Buses Trucks Other _____
What is the annual cost of hire: \$ _____
5. Do you transport participants to and from the facility or activities? Yes No
If yes, what is the frequency: Daily Weekly Monthly Other (indicate) _____

- Do you use your own vehicle(s) and driver(s)? Yes No
- Do you contract with a transportation company that provides vehicles and drivers? Yes No
- If yes, do you obtain certificates of insurance from them and are you named as an additional insured on their auto insurance policy? Yes No
6. Do any employees or volunteers transport participants in their own vehicles? Yes No
- If yes: How often? _____ For what purpose? _____
- Do you require they give you proof they have personal auto insurance? Yes No
7. When transporting participants in buses or vans, is there at least one staff member in the vehicle, in addition to the driver, to supervise the participants? Yes No
8. After vacating the vehicle, is a final check made after every use to make sure nobody is left inside? Yes No

Additional coverages are available. If you would like a quote on any of the following, please check the appropriate box(es)

- Child Abduction Coverage Professional Liability Key Employee Replacement Coverage
- Accident-Medical Coverage
- Food Contamination and Communicable Disease Coverage (*Can only be purchased with Business Income coverage*)

Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____