

SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST ACCOMPANY THE HUMAN SERVICES ADVANTAGE SUPPLEMENTAL APPLICATION

Applicant Name: _____

1. Type of program: YMCA YWCA Boys' & Girls' Club JCC
 Other _____

2. Services offered (check all that apply):

Youth Recreation Overnight Camp Day Camp Fitness Center Fitness Classes
 Child Daycare Babysitting Swimming Pool(s) Counseling Service Mentoring
 Shelters (Women's, Children, Homeless) Team Sports Snack Bar/Restaurant
 Other Social Services Other _____

3. What is your income from all sources (last 12 months)?

Membership Fees:	\$ _____	Donations:	\$ _____
Snack Bar:	\$ _____	Fundraisers:	\$ _____
User Fees:	\$ _____	Daycare:	\$ _____
Other _____:	\$ _____	Other _____:	\$ _____
Total All Receipts	\$ 0.00		

4. What are your hours of operation? _____

5. Is membership card required for entry? Yes No
6. Are all entrances attended? Yes No
7. Are all visitors to the facility required to sign in and sign out? Yes No
8. Are shower facilities covered with slip resistant surfaces? Yes No
9. Do members sign a hold harmless/waiver at registration? **If Yes, attach copy.** Yes No
10. Is there a policy relating to supervision of minors? Yes No

If Yes, describe:

11. Does your organization provide accident insurance for members? Yes No

If Yes: a. Insurance Company Name _____
 Policy Period _____ Limits _____
 b. Accident Insurance Applies: to all members is optional, at member's expense
 Other _____

12. Do you have any mentoring programs that match youth with adult mentors? Yes No
 If Yes, do you have a written policy that prohibits "one-on-one" between mentor & mentee? Yes No



13. Do any of your participants have special needs? Yes No
- If Yes:
- a. What percent of your participants have special needs? _____ %
- b. Are staff ratios adjusted for special needs participants? Yes No
- c. Is the supervisory staff informed about the limitations/abilities of the special needs participants regarding activities, diet, medical requirements, etc.? Yes No

EXPOSURES

Please indicate all services or activities provided by your organization at any location:

- Athletic Activities Yes No If Yes, complete Athletic Activities section
- Camps Yes No If Yes, complete Camps section
- Facilities Rental Yes No If Yes, complete Facilities Rental section
- Trips/Field Trips/Travel Yes No If Yes, complete Trips section
- Swimming Pool Yes No If Yes, complete Swimming Pool section on the Human Services Advantage Supplemental Application

ATHLETIC ACTIVITIES:

1. Do you organize any or offer league or team sports? Yes No
- If Yes, how many registrants do you have in all sports (total)? _____
2. Do you require all participants in organized sporting activities to carry Accident Medical Insurance? Yes No
3. **Indicate all of the following activities that you offer at any location:**
- | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Child Daycare | <input type="checkbox"/> Babysitting | <input type="checkbox"/> Swimming Pool(s) |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking/Backpacking | <input type="checkbox"/> Rope Course—High Elements |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey—Field | <input type="checkbox"/> Scuba Classes or Training |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Lacrosse/Rugby | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Skating—Ice |
| <input type="checkbox"/> Climbing Wall—Indoor | <input type="checkbox"/> Motorized Vehicles, Including Dirt Bikes, Go Carts, etc. | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Climbing Wall—Outdoor | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming—Lake |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Mountain Biking or BMX | <input type="checkbox"/> Swimming—Pool |
| <input type="checkbox"/> Football—Flag, Touch | <input type="checkbox"/> Obstacle Course | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Football—Tackle | <input type="checkbox"/> Outdoor Rock Climbing, Repelling | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Gymnastics—Tumbling only | <input type="checkbox"/> Riflery | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

For all activities indicated above, provide description of each activity, including number of participants, location and safety controls, in comments section.

CAMPS:

1. What are the number of days the camp operates each year? _____
2. What is the average number of campers per day? _____
3. Number of campers in each age range: Under 12 _____ Age 13-16 _____ Over 16 _____
4. Total number of: Adult Counselors _____ Youth Counselors _____
5. Is written permission/waiver of liability obtained from every camper's parent or guardian? Yes No



6. Do you operate a seasonal camp facility, which provides overnight camping? Yes No
- If Yes:
- a. What is the average length of stay? _____
 - b. Are sleeping quarters and bathrooms divided by gender? Yes No
 - c. What lifesaving skills are required of counselors? CPR First Aid
 Other _____
 - d. Do you keep a medical history on file of each camper? Yes No
 - e. Are medications locked up? Yes No
 - f. If well water, how often is this tested? _____
 - g. Does a caretaker live at the camp during the off-season? Yes No

FACILITIES RENTAL:

- 1. Is a written lease required for every rental? Yes No
 - 2. What are your gross receipts from all rental operations? \$ _____
 - 3. What activities are offered to rental groups?

- Do you provide supervision of any of these activities? Yes No
- If Yes, which activities? _____
- 4. Are all safety requirements spelled out in writing in the lease agreement? Yes No
 - 5. When leasing to a business entity or group 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

TRIPS/FIELD TRIPS/TRAVEL:

- 1. How many trips are sponsored each year? _____
 - 2. Are all trips within the United States, U.S. Territories, or Canada? Yes No
- If No, explain:

- 3. Do any trips last more than one day? Yes No
- If Yes, describe length of time, destination(s) and purpose:

- 4. Are signed permission and waiver agreements obtained from the parent of each participant for each trip? Yes No
 - 5. Do all participants wear identification tags or identifiable clothing on all trips? Yes No
 - 6. Is there a formal policy regarding emergencies and trained personnel on all trips? Yes No



COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____



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