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# YOUTH RECREATION PROGRAM APPLICATION

(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.

- |  |   |
|--|---|
| <b>Section I – General Information</b> | <b>Section V – Trips and Travel</b>           |
| <b>Section II – Activities</b>         | <b>Section VI– Special Needs Participants</b> |
| <b>Section III – Property</b>          | <b>Section VII - Automobiles</b>              |
| <b>Section IV – Facility Rental</b>    |   |

## 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

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### 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.**

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### 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

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## 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: \_\_\_\_\_

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## 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 \_\_\_\_\_