

YMCA & YWCA INSURANCE QUESTIONNAIRE

APPLICANT INFORMATION:

Named Insured: _____
 Mailing Address: _____
 E-mail: _____
 Web Address: _____
 Main Contact Person: _____ Cell Phone: _____ Email: _____
 Business Entity: Individual Partnership Corporation Other (specify): _____

REQUIREMENTS FOR QUOTE:

- 3-5 Year Loss History
- All Waivers
- Brochures and Advertising Literature
- Vehicle Schedule – Year, Make, Model
- Property Schedule – Year Built, Construction, Replacement Cost, Content Limit for each location
- Equipment Schedule – Year, Make, Model, and Value

PREMISES INFORMATION:

Location # Building # Street, City, County, State, ZIP

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GENERAL INFORMATION:

1. Has any policy or coverage been declined, cancelled, or non-renewed in the past 3 years?
2. Any Past Losses or claims?
3. Have you even filed for bankruptcy or have any outstanding tax liens (i.e. Property tax, sales tax, unemployment tax, etc.)?
 If yes, please explain:
4. Prior Insurance Carrier:
5. Current Policy Premium:
6. Hours of operation:
7. Annual Sales:
8. # of Employees: _____ Full Time _____ Part Time

GENERAL LIABILITY QUESTIONS

1. Number of Full Time Employees:
2. Number of club members:
3. Annual Gross Sales:
4. What is the square footage of the facility:
5. Is the Facility open 24 Hours:
 - a. If yes, what type of security is in place to protect the members and property at night?

6. Number of Independent Contractors (trainers, instructors, etc.):
 - a. Please describe their duties and total costs:

7. Do you have AED's and Emergency Oxygen available on premises?
8. Are waivers obtained from all members, and guests?
9. Do you verify employment related references?
 - a. If yes, what do you look for?

SERVICES PROVIDED

1. Please describe all trips away from premises. Indicate if any exceed 200 miles one way:
2. If you conduct summer camps away from premises, please describe the types of camps and number of camper days (i.e. 2 campers attending 5 days is 10 camper days)

3. Do you Provide any of the following:
 - a. Aerial Gymnastics
 - b. Tackle Football camps
 - c. Boxing
 - d. Climbing Walls
 - e. Ropes Courses
 - f. Skateboard parks
 - g. Scuba Instruction
 - h. Paintball away from premises
 - i. Horses or horse riding
4. Do you have licensed childcare services?
5. Does the facility conduct massage therapy?
6. Does the facility contain swimming pools?

If yes, please answer the following:

- a. Number of Pools:
- b. Are pool Depths clearly marked?
- c. Are applicable pool rules clearly posted?
- d. Are swim testing procedures applied to all swimmers?
- e. Is there always a lifeguard on duty?
- f. Any water slides or amenities?
- g. Have all drains been updated to meet safety vacuum release system standards?
- h. Are there any diving boards?

If yes, list height and depth for each board:

1. _____
2. _____
3. _____

7. Do you have tanning beds/booths?

If yes, how many beds/booths and maximum % of UVB radiation produced be each?

8. Do you have a restaurant or snack bar?

- a. If yes is there an automatic fire extinguishing system over all cooking surfaces?

ABUSE & MOLESTATION

1. Do you perform criminal background investigation, including sexual abuse or child abuse related offenses on prospective employees and volunteers?
2. Do you verify employment related references?
3. Do you discuss the following items at orientation?
 - a. Child/sexual abuse?
 - b. How to recognize the signs of abuse
 - c. What to do if a child reports someone molested him/her
4. Do you have knowledge of any incident which could give rise to or result in an allegation of sexual abuse?

If yes, please explain: _____

5. Has there ever been an allegation of sexual abuse made against you?

If yes, Please explain: _____

UMBRELLA

1. Do you need a commercial Umbrella?
2. What limit? (1 million, 2 million, 3, million, 4 million, 5 million, etc.) _____

WORKERS COMPENSATION

1. Do you need workers compensation?
2. Please describe the type of work performed by employees? _____

3. Annual payroll for employees?

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Applicants Signature

Date

Agents Signature

For questions please contact Patrick Schatz: 847-356-1520 x117. pschatz@schatzins.com

SUBMIT