



**RECREATIONAL ACTIVITIES
SUPPLEMENTAL APPLICATION**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER OR **PELEUS INSURANCE COMPANY**, A SURPLUS LINES INSURER.

Entity Name	Date
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PARKS AND RECREATION MANAGEMENT

- Regular inspection/maintenance program for all facilities and equipment? Yes No
 (Parks, playgrounds, equipment, buildings, etc.)
- How often? Weekly Monthly Other: _____
- Are inspections and corrective actions documented? Yes No
- Does Entity secure Waiver and/or Consent Forms from all program participants? Yes No
- Background checks for staff working with Youth? Yes No

CONCUSSION PROTOCOLS AND POLICY

- Concussion Policy in Place? Yes No
- Coaches trained in Concussion Protocols? Yes No
- Immediate participant removal from game/activity if they appear to have suffered a head injury? Yes No
- Return to play policy that includes Doctor clearance post concussion? Yes No

ABUSE AND MOLESTATION RISK MANAGEMENT

Known sexual abuse or molestation incidents. Yes No

If Yes, provide details:

- Does the department have a written policy regarding prompt reporting of actual/suspected abuse/molestation? Yes No
- Does the department have a written policy/procedure regarding a program participant complaint against a staff member, or a fellow program participant? Yes No
- Are all employees, volunteers, and program participants made aware of program Rules what is considered unacceptable behavior? Yes No
- Are criminal background checks conducted before hiring any employees who come in contact with minors? Yes No
- Are records kept documenting background checks? Yes No
- Are there minors in care overnight? Yes No, If Yes, is there a "Two Person Rule" in place? Yes No

Programs / Facilities	Exposure Check if Yes	Separate Legal Entity / Separately Insured Check if Yes	If Exposure "YES", please answer below
After School Care			Number of students: _____
Boating			Rental of boats? <input type="checkbox"/> Yes <input type="checkbox"/> No Rules posted & reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Campground			Number of campsites: _____
Day Camps			Number of campers: _____
Day Care Center			Licensed by the State? <input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise Facilities			Location(s): _____
Golf Course			Contracted operations? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Certs of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No Alcohol sold on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ice Rink / Ice Skating			Rental of skates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lake / Reservoir			Swimming permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parades / Festivals			Entity sells alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Entity provides security? <input type="checkbox"/> Yes <input type="checkbox"/> No
Playgrounds			Inspections documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
Skiing			
Senior Center			Exercise classes provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, medical waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Skateboard Park			Supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No Inspections documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming Pool(s)			Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No Diving Board? <input type="checkbox"/> Yes <input type="checkbox"/> No
Zoo			Average daily visitors: _____ Are visitors allowed to feed animals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other			Description:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE
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