

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

|             |      |
|-------------|------|
| Entity Name | Date |
|-------------|------|

**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<br>Check if Yes | Separate<br>Legal Entity /<br>Separately<br>Insured<br>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<br>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<br>If Yes, Certs of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Parades / Festivals    |                          |   | Entity sells alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>If Yes, medical waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Skateboard Park        |                          |   | Supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Inspections documented? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Swimming Pool(s)       |                          |   | Rules posted? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Lifeguards? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Diving Board? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Zoo                    |                          |   | Average daily visitors: _____<br>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 |
|-----------------------|------|