



CARRIER:

United States Liability Insurance Company

Youth Programming and Community Centres — Nonprofit Social Services Supplemental Application

BIG BROTHERS, BIG SISTERS, COMMUNITY CENTRES, YOUTH COMMUNITY CENTRES AND YOUTH PROGRAMS

1. Provide a complete list of all activities on- and off-premises: _____

2. Are all participants in organized sporting activities required to be covered by an Accident and Health policy? Yes No
3. Are security procedures in place to prohibit unauthorized persons from accessing children and programs? Yes No
4. Are waivers of liability obtained (signed by parents/legal guardians) for all participants? Yes No
5. Does the organization facilitate health screenings? Yes No
 - a. Do recipients of health screenings and other medical services sign waivers of liability holding the organization harmless? Yes No
 - b. Do contracted physicians and nurses provide certificates of their medical professional liability coverage? Yes No
6. Is a formal procedure in place to report accidents or incidents involving participants? Yes No
7. Is overnight or residential housing provided? Yes No
8. Is the primary focus of the organization to provide service to children with special needs? Yes No
9. Are any adult or child care services provided (full or part time)? Yes No
10. If space is leased to other organizations, are certificates of insurance required? Yes No
11. Are there more than 300 mentors or volunteers? Yes No
12. Are there any adoption or foster care services provided? Yes No
13. Is there a pool on the premises? Yes No

Abuse and Molestation Coverage

14. Occurrence limit: _____ Aggregate limit: _____
15. Is there any off-site one-on-one interaction between staff and youth? Yes No
16. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers? Yes No
17. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy? Yes No
18. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients? Yes No

Overnight Trip, Activity or Event N/A

19. Details regarding trip(s): _____

20. Are permission and waiver agreements (signed by the parents/legal guardians) obtained for all participants, specifically for any overnight trips? Yes No
21. Average number of children per trip: _____
22. Total number of trips annually: _____
23. Average number of nights per trip: _____
24. Is the adult attendee-to-child ratio at least 1:8? Yes No
25. Are all children with special medical needs or mental disabilities accompanied by a parent/guardian? Yes No
26. Are the following rules of conduct and procedures clearly established, communicated and strictly enforced with all children, their parents and adult attendees?
 - a. Sleeping quarters locked at all times and randomly checked by at least two adult chaperones to ensure proper conduct overnight Yes No
 - b. Each room occupied by at least two minors of similar age Yes No
 - c. No co-ed accommodations Yes No
27. Are alcohol and controlled substances prohibited? Yes No

Day Camp N/A

28. Details regarding all camp activities and any off-premises trip(s): _____

29. Average number of children per day: _____

30. Duration of camp: _____ days per week _____ weeks long half day or full day

31. Do activities include taking trips to amusement or water parks, swimming at beaches, lakes, or residential pools, or having direct contact with animals? Yes No

32. Does all permitted swimming take place at pools with lifeguards and camp staff present at all times? Yes No

33. Are there camp participants under the age of 5? Yes No

34. Does the camp's child-to-adult ratio exceed 10:1? Yes No