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| ***ENTITY INFORMATION*** |
| Named Insured:  |
| Number of Members:  | Are all member required to sign a waiver & release upon joining and at membership renewal? | [ ]  Yes [ ]  No |
| Are staff required to know CPR and First Aid?  | [ ]  Yes [ ]  No |
| Is there a well-stocked and easily accessible first aid kit on premises? | [ ]  Yes [ ]  No |
| Do you have any overnight housing? ***\*If yes, please complete the Housing Supplement\**** | [ ]  Yes [ ]  No |
| Do you have Day Care? ***\*If yes, please complete the Day Care Supplement\**** | [ ]  Yes [ ]  No |
| Do you have a fitness area? ***\*If yes, please complete section below.*** | [ ]  Yes [ ]  No |
| ***FITNESS AREA / ATHLETICS*** |
| Is the fitness area supervised during all open hours?  | [ ]  Yes [ ]  No |
| Is the fitness area open after regular facility business hours? **If yes**, what are the fitness area hours:       | [ ]  Yes [ ]  No |
| Who uses the fitness area?  | [ ]  Staff [ ]  Clients [ ]  Residents [ ]  Visitors/Public |
| Are instructions and warnings posted near equipment and machines?  | [ ]  Yes [ ]  No |
| Do you have any of the following programs? [ ]  Boxing [ ]  Football [ ]  Martial Arts [ ]  Wrestling |
| Do you have a climbing wall? | [ ]  Yes [ ]  No |
| Describe all indoor and outdoor fitness equipment and facilities:      |
| How often is the equipment and fitness area inspected? Who is responsible for inspections? | [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_      |
| How often is the equipment and fitness area cleaned? Who is responsible for cleaning? | [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_      |
| Are inspection and cleaning logs kept? | [ ]  Yes [ ]  No |
| Are fitness classes offered? ***\*If yes, please attach an activities calendar or list*** | [ ]  Yes [ ]  No |
| Do you have lockers available for personal use? **If yes**, Do you provide locks?Are users notified of their responsibility for the security of items in lockers? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| ***RECREATION / CONFERENCE CENTER*** |
| Do you host events in your center? | [ ]  Yes [ ]  No |
| Do you rent the center to outside entities? [ ]  Yes [ ]  No | **If yes**, how often?       |
| Do you require hold-harmless agreements? | [ ]  Yes [ ]  No |
| Do you require renters to obtain a tenant-user liability insurance policy with a minimum of $1,000,000 in limits? | [ ]  Yes [ ]  No |
| What is the maximum number of people allowed on the premises?  |       |
| Please list the type of events held at the center:      |
| Do you utilize: Employed Security Guards Contracted Security Agency Local Law Enforcement Agency \_\_\_None |
| Do you require renters of your facility to provide security for large events? | [ ]  Yes [ ]  No |
| Do you serve or allow alcohol to be served or sold on the premises? **\*If yes, please complete the Liquor Liability Supplement\*** | [ ]  Yes [ ]  No |
| Are food preparation facilities located on the premises? **\*If yes, please complete the Commercial Cooking Supplement\*** | [ ]  Yes [ ]  No |
| Do you provide or prepare food for events at the center? | [ ]  Yes [ ]  No |

**COMPLETED SUPPLEMENTS MUST BE SUBMITTED TO:**

BYRON RICHE PHONE: (800) 407-2027

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