|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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

CLEAR RISK SOLUTIONS FAX: (509) 754-3406

451 DIAMOND DRIVE [briche@chooseclear.com](mailto:rross@chooseclear.com)

EPHRATA, WA 98823