

JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA 2008-2009 MASTER UMBRELLA PROGRAM APPLICATION

Association Member Name: _____
Location Street Address: _____
City, State Zip: _____
Description of Operations: _____

Website URL: _____ **Annual Budget:** _____

<i>Underlying Carrier Information:</i>					
COVERAGE	LIMITS REQUIRED	CARRIER	LIMITS PROVIDED	POLICY TERM	ANNUAL PREMIUM
General Liability Limit Per Loc? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$2,000,000 General Aggregate \$1,000,000 Per Occurrence		\$	to	
Employee Benefits Liability	\$1,000,000		\$	to	
Sexual Abuse/Molestation* Limit: <input type="checkbox"/> Separate <input type="checkbox"/> Included	\$1,000,000*		\$	to	
Auto Liability	\$1,000,000		\$	to	
Employers Liability	\$1,000,000			to	
Directors & Officers* provide copy of most recent application	\$1,000,000* <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur.		\$ <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur.	to	
Professional Liability* Limit: <input type="checkbox"/> Separate <input type="checkbox"/> Included	\$1,000,000*		\$	to	
Participant Liability	\$2,000,000 General Aggregate \$1,000,000 Per Occurrence		\$	to	

***Note: Umbrella covers on a "follow-form" basis**

<i>Professional Exposures:</i>		
<input type="checkbox"/> Teachers	How Many?	Your Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Social Workers	How Many?	Your Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lifeguards	How Many?	Your Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> RN's	How Many?	Your Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Describe):		
<i>Operations:</i>		
	Building Area: sq. ft.	
<input type="checkbox"/> Community Center	# of Children:	Age Range: -
<input type="checkbox"/> Day Care	# of Children:	# of Days:
<input type="checkbox"/> Camps - Day	# of Children:	# of Days:
<input type="checkbox"/> Camps – Sleep away	# of Children:	# of Days:
<input type="checkbox"/> School (Describe):	# of Children:	# of Days:
<input type="checkbox"/> Other (Describe):		

Membership in the JCC Association of North America is required for this insurance program

<i>Additional Information:</i>						
# of Watercraft:	Type:	Length:	ft.	# of Swim Pools	ft.	# Dive Boards:
# Buses :	Seating Capacity:	# Vans:		Seating Capacity:		# Private Pass:
Other: (Describe)						

<i>Hiring Practices:</i>			
Do you conduct pre-employment screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you check references prior to hiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you perform background checks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, How Often?

Attachments:

- **PROVIDE CURRENTLY VALUED GENERAL & AUTOMOBILE LIABILITY LOSS RUNS FOR THE PAST 5 YEARS**
- **PROVIDE COMPLETE COPY OF UNDERLYING GENERAL LIABILITY POLICY(IES)**
- **PROVIDE COPIES OF ALL UNDERLYING DECLARATIONS PAGES FOR NON-GL POLICIES**
- **ATTACH COMPLETE LIST OF ALL NAMED INSUREDS AND THEIR OPERATIONS**
- **ATTACH COMPLETE SCHEDULE OF LOCATIONS**
- **ATTACH COPY OF SEX ABUSE/MOLESTATION ENDORSEMENT OR POLICY**
- **PLEASE COMPLETE AND SIGN THIS APPLICATION**

Accepted by: _____
 (Insured Name)

 (Authorized Signature)

