

APPLICATION FOR JCC INSURANCE COVERAGE

CENTER NAME: _____

ADDRESS: _____

EXECUTIVE DIRECTOR: _____ **YEARS WITH CENTER:** _____

YEARS IN OPERATION: _____ **WEBSITE:** _____ **FEIN#:** _____

GENERAL INFO

1. Do you have a basic level of membership as well as a full service membership? Yes No
 2. Total number of members: _____ Two Years ago: _____
 3. Annual budget: \$ _____ Percentage from member dues: % _____
 4. Estimated number of guest passes issued per year: _____
 5. Are guests required to sign a waiver of liability? Yes No
 6. Are guest records documented and saved? Yes No
 7. Are complete background checks done for the following before hiring? (Check all that apply):
 Professional Non-Professional F/T Staff Part Time Volunteers
 8. Are previous employers phoned for the following before hiring? (Check all that apply):
 Professional Non-Professional F/T Staff Part Time Volunteers
 9. Are references checked for the following before hiring? (Check all that apply):
 Professional Non-Professional F/T Staff Part Time Volunteers
 10. Are all staff members trained on how to avoid abuse allegations? Yes No
 11. Number of abuse training classes held annually: _____
 12. Who conducts the training classes? _____
 13. Do you maintain personal files for employees that include (Check all that apply):
 Written employment verification
 Written reference checks
 Criminal background checks
 Signed code of conduct
 Record of abuse prevention training during the year
 14. Do you follow a consistent format for documenting pre-employment conversations? Yes No
 15. Do you ask previous employers if they would rehire the individual in question? Yes No
 16. Do you maintain personal files for volunteers that include (Check all that apply):
 Written employment verification
 Written reference checks
 Criminal background checks
 Signed code of conduct
 Record of abuse prevention training during the year
 17. Do you attach the statement of application authorization form to (Check all that apply):
 Employee Applications Volunteer Applications
 18. Have you implemented a child abuse prevention training program?
 At all branches For all employees
- If No, please detail implementation plans: _____
19. Does the center prohibit baby sitting (on or off site) of program participants except with written permission of the Executive Director? Yes No



20. Does the center instruct staff to avoid being alone with a child? Yes No
21. Does the center allow any unsupervised activities? Yes No
22. Describe an abuse/molestation incidents and/or claims the center has had in the past 5 years (attach separate page if necessary): _____

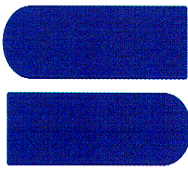
GENERAL LIABILITY

1. Annual Operating Budget: _____ 2. Annual Payroll: _____
3. Number of clients/customers per year: _____ 4. Number of students: _____
5. If providing residential services, provide number of beds at each location: _____
6. Do you have sheltered workshops? Yes No Indicate location number: _____
Describe the work being performed: _____

- Do you have mobile work forces (janitorial, etc.)? Yes No Landscaping services? Yes No
Other: _____
- If Yes, please provide payroll: Janitorial: _____ Landscaping: _____ Other: _____
- Is Workers Compensation carried for clients? Yes No
7. Do you have a Day Care program? Yes No Indicate location number: _____
Maximum number of children supervised _____ Ratio of Children to Staff: _____ Age Range _____
8. Do you provide any foster care or adoption services? Yes No If Yes, please explain: _____

9. Are any locations leased to others? Yes No Indicate location number: _____ Sq. Ft. _____
10. Do you have any swimming pools? Yes No Indicate location number: _____ Dive Board/Slide? _____
11. Does the center sponsor any special fund-raising events? Yes No Is alcohol served? Yes No
Provide full details (location, dates, attendance, description of event, etc.): _____

12. Have all buildings built prior to 1971 been inspected for lead paint? Yes No
If No, what is plan for abatement? _____



PROFESSIONAL LIABILITY

Employee Count: Full time employees: Part time employees: Volunteers:

Does your current insurance program provide Professional Liability Coverage? Yes No

If Yes, indicate the limit of liability: Is Professional Liability Occurrence Claims Made

Table with 6 columns: Position, # of Full Time, # of Part Time, Position, # of Full Time, # of Part Time. Rows include Administrators, Counselors, Psychologists, Nurses R.N., Nurses L.P.N., Home Health Aides, Social Workers, Clerical, Teachers, Physicians, Psychiatrists, Therapists, Other.

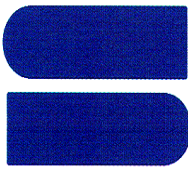
Do the physicians carry their own malpractice insurance? Yes No N/A

Malpractice Insurance Carrier: Limit of liability:

Effective dates: through

AUTOMOBILE LIABILITY

- 1. What percentages of employees/volunteers use their own vehicles regularly (daily/weekly) for JCC business? % Employees: % Volunteers: Describe Usage:
2. Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
3. What the required limits?
4. Do you run MVR's on employees? Yes No If Yes, how often?
5. Do you give a driver safety training program? Yes No Does the JCC transport clients? Yes No
6. Is training provided for new employees prior to their transporting clients? Yes No
7. Does your JCC transport clients/customers for other private or governmental agencies? Yes No
8. Is there a formal vehicle maintenance program? Yes No Who performs maintenance?
9. Are all bus drivers required to have commercial licenses? Yes No
10. Are routine bus routes taken? Yes No If Yes, Please describe route:
11. Are any routes taken beyond a 50 mile radius? Yes No If Yes, Please describe route:
12. Is there a formal accident investigation program? Yes No Who is responsible for investigation?
13. How often are passengers transported? Daily Weekly Monthly Other
14. When transporting small children, are bus monitors utilized? Yes No



JCC OPERATIONS - CAMP

- 1. Location of Camp: _____
- 2. Number of camp sessions: _____
- 3. How many total camper days? _____ = Average # of daily campers: _____ X Days camp in session: _____
- 4. Number of Counselors per Session: _____ Ratio of Counselors to Campers: _____
- 5. Number of Campers: (6-10 years) _____ (10-14 years) _____ (14-18 years) _____ (18+) _____
- 6. Number of Physically Disabled: _____ Number of Mentally Disabled: _____
- 7. Type of camp operations: Day: _____% Overnight: _____%

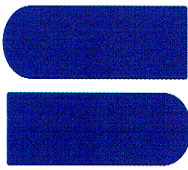
8. Activities:

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Archery | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Tennis | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Roller Blading | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tetherball |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Riflery | <input type="checkbox"/> Campcraft |
| <input type="checkbox"/> Low Ropes Course | <input type="checkbox"/> Baseball | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Horseback Riding |

9. What other activities are offered? _____

- 10. How many motor boats does the JCC have? _____
- 11. How many saddle animals? _____
- 12. How many camp counselors do you employ each summer? _____
- 13. Briefly describe your counselor training program: _____

- 14. Do campers sign waivers of liability? Yes No
- 15. Are medical emergency plans in place? Yes No
- 16. Is staff trained in medical procedures? Yes No
- 17. Are medical evaluations of campers obtained? Yes No
- 18. Are medical releases obtained for campers? Yes No
- 19. Is medication dispensed only by instruction of physician? Yes No
- 20. Is medication stored in safe place/not accessible to children? Yes No
- 21. Is a written emergency plan posted? Yes No
- 22. Is a formal safety program in place? (please attach copy) Yes No
- 23. Are heat/smoke detectors in cabins? Yes No
- 24. Is camp inspected/approved by the state? Yes No
- 25. Is a fire department available for call? Yes No
- 26. What is the distance to fire department? _____ miles
- 27. Is transportation available for emergencies? Yes No
- 28. Are swimming facilities available? (If Yes, Check all that apply): Yes No
 - Pool Lake Other _____

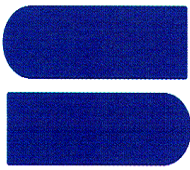


JCC OPERATIONS - DAY CARE

- 1. The Center is located in: Private Home Separate Building Church School Other
2. Center is located in a: Commercial Residential Rural setting.
3. Does your Center exit directly to the outside? Yes No To ground level? Yes No
4. Does your center have smoke detectors? Yes No
Does your center have fire extinguishers? Yes No
Are they inspected and tagged? Yes No
Are they checked and tested on a regular basis? Yes No
5. Are premises child-proofed to eliminate potential hazards? Yes No
6. Do the center's bathroom doors lock? Yes No If yes, can they be unlocked from the outside? Yes No
7. Has a lead abatement been performed since 1980? Yes No
8. Is the Center licensed? Yes No If yes, copy of Day Care License must be attached.
9. Has a license to operate ever been denied, suspended or revoked?
Have you ever been brought up for a compliance hearing? If so, explain:
10. If the Center has an after school program, there are children enrolled in that program.
11. Provide duties and ages of all staff less than 18 years of age:
12. Based on the maximum number of children enrolled on your busiest day, what is your actual breakdown of total staff to total number of children by age group?

Table with 3 columns: AGE GROUP, # OF TEACHERS, # OF CHILDREN. Rows include: Less than 18 Months, 18 - 30 Months, 30 Months - 4 Years, Preschool, After School.

- 13. There are children enrolled at the Center who are emotionally or physically handicapped or who require special treatment due to existing medical problems. Describe disability, age of child, and special care provided by Center Staff:
14. There are children enrolled at the Center who requires a special diet. Describe diet:
15. A minimum of one staff member certified in First Aid is present at all times. Yes No
16. Do you provide sick child facilities? Yes No If Yes, please explain:
17. Please describe center's child release policy:
18. Is a file maintained on each child containing the following information:
Immunization records of the children being immunized successfully, and updated annually? Yes No
Records for each child indicating unusual conditions the child has Yes No
Signed releases for emergency medical treatment/dispensing of medication obtained from parents? Yes No
Is dispensing of children's medication also subject to written instructions from physician? Yes No
19. Do you utilize swimming facilities? Yes No If Yes: On Premises Off Premises
If no, do you anticipate using swimming facilities in the future? Yes No If yes, explain:



JCC OPERATIONS - DAY CARE - Con'td

- Are pool depths marked [] Yes [] No
Staff trained in water safety? [] Yes [] No
Minimum age of children allowed in the water: _____
Is the pool area fenced? [] Yes [] No
Is there a self-locking gate? [] Yes [] No
Is the walking surface around the pool in good condition? [] Yes [] No
Is there adequate supervision? [] Yes [] No
Are there lifeguards used at all times? [] Yes [] No
Any slides or driving boards? [] Yes [] No
Is the storage of pool chemicals secure? [] Yes [] No

20. Is there a playground? [] Yes [] No Is it fenced? [] Yes [] No
Please describe playground surfaces: _____

- Are there any trampolines [] Yes [] No
Is there appropriate separation of age groups? [] Yes [] No
Playground equipment properly checked? [] Yes [] No

21. Play equipment and toys meet the consumer safety code requirements? [] Yes [] No

22. Are any pets or animals kept on premises? [] Yes [] No If Yes, describe: _____

23. Are field trips taken? [] Yes [] No If field trips are taken:
Describe field trips: _____
Frequency of field trips: _____
Maximum distance from center _____
Is written permission/waiver obtained from each child's parent or guardian? [] Yes [] No
Is transportation hired with or without a driver? [] Yes [] No
What is the youngest age allowed for field trips? _____
If no field trips provided currently, do you anticipate having them in the future? [] Yes [] No
If yes, please explain: _____

24. Is food properly covered, stored and served in accordance with applicable government requirements? [] Yes [] No

25. Are special classes provided? i.e. (Gymnastics, Dance, etc.) [] Yes [] No
If yes, please explain: _____

- Are special classes taught by an independent contractor on your premises? [] Yes [] No
Do you require proof of liability coverage such as a certificate of insurance? [] Yes [] No

26. Does insured provide regular transportation for children? [] Yes [] No Maximum distance: _____
Are buses and or vans checked after children disembark from vehicle? [] Yes [] No
Are drivers put through specialized drivers training? [] Yes [] No
Are they experienced in driving van/buses? [] Yes [] No
If employees, how long have they been employed by the insured? _____

27. Does the insured check driver Motor Vehicle Reports? [] Yes [] No
Does insured have procedures for evaluating Motor Vehicle Reports? [] Yes [] No
What actions are taken if an employee's driving record is considered unacceptable? _____

28. Do you have any employees or volunteers driving their own vehicles for company business? [] Yes [] No
If so, please answer the following:

29. How many employees or volunteers? _____
How often do they drive their own vehicles for company business? _____

30. Does the insured require the employee to carry primary insurance? [] Yes [] No
Are certificates of insurance obtained from the employee's automobile insurance company? [] Yes [] No
What are the minimum limits required? _____

31. Driver screening and or vehicle maintenance plan for passenger vehicles in effect? [] Yes [] No
(Please attach.)

32. Does the insured have a written emergency evacuation plan in effect? [] Yes [] No
How often are evacuation drills performed? _____



JCC OPERATIONS - DAY CARE - Con'td

33. Does the Center accept drop-in children for the day? Yes No
If yes, explain drop-in policy and indicate approximate number of drop-in children accepted weekly: _____

34. Operations other than child care? Yes No If Yes, explain: _____

35. Does your application include questions about whether the individual has ever been convicted for any crime, including sex related or child abuse related offenses? Yes No
36. Does your state permit you to do criminal background investigations? Yes No
If yes, do you routinely request and receive such background investigations? Yes No
37. Do you verify employment-related references? Yes No
Do you conduct a personal interview? Yes No
38. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises? Yes No
39. Do you have written procedures for dealing with sexual abuse? Yes No If yes, please attach a copy.
40. Has your organization ever had an incident, which resulted in an allegation of sexual abuse? Yes No
If yes, please complete the following:
Was a claim made against the organization? Yes No
Is that individual still employed with your organization? Yes No
Was the case settled? Yes No If Yes, please explain: _____

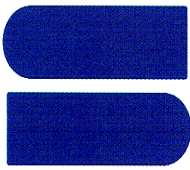
- How much money was paid as damages to the victim? \$ _____
41. Does your current Insurance program include Abuse & Molestation coverage? Yes No
If yes, please indicate the limit of liability provided: _____
42. Do you have an accident/health policy? Yes No
Is coverage mandatory for all students? Yes No
Provide carrier _____ Limits _____
Policy Term _____ to _____
43. Does your center utilize video-monitoring equipment? Yes No

JCC OPERATIONS - CONTRACTORS

Please indicate which of the following contracted service providers are utilized:

- | | |
|---|--|
| <input type="checkbox"/> Physicians | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Other (Specify) _____ |

1. Are there written agreements with independent contractors? Yes No
2. Are certificates of malpractice/liability insurance obtained and maintained for all contracted service providers and independent contractors? Yes No
3. Please indicate the limits of liability: _____
4. Please provide a copy of all certificates of insurance on file for all contracted personnel.



PREMISES QUESTIONNAIRE
TO BE COMPLETED FOR EACH LOCATION/BRANCH

LIFE SAFETY

Does this location have the following Life Safety Features? Yes/No Please Describe each feature:
1. Fire Alarms
2. Smoke Detectors
a. Hard Wired
b. Battery Operated
3. Emergency Lighting
4. Sprinklers
5. Are evacuation routes posted throughout the building?
6. In the event of an evacuation, have you established a central meeting point outside the building?
7. Are exit signs illuminated?
8. How often are fire drills held?
9. Are there at least two exist doors per building?
10. Are exit doors equipped with panic hardware?
11. Is smoking permitted inside the premises?

SWIMMING POOLS

1. How many swimming pools?
2. Do the pools have (Check all that apply): Diving Boards Diving Blocks Diving well
3. How deep is the water where the diving equipment is?
4. Does the center have a swimming team?
5. Do other swim teams use the pool? If Yes, how often:
6. Do any other groups have access to the pool?
7. Is unsupervised swimming allowed?
8. What hours are lifeguards on duty?
9. Is maintenance on the pool handled by staff members or contracted out? Staff Contracted
If contracted, what is the name of the service being used?
How often?

MAINTENANCE

1. What are the responsibilities of your on-staff maintenance?
2. Are janitorial services contracted out? Staff Contracted
If contracted, what is the name of the service being used?
How often?
3. Are there daily check sheets posted in the locker rooms showing maintenance checks?
4. Are rubber mats used in the shower area?
5. Are warning signs posted in locker/wait rooms?
6. Who handles maintenance on workout equipment?
7. Are manufacturers parts used in repairs?
8. What hours are weight rooms supervised? Nautilus: Free weights:
9. Are first users of weights required to participate in an orientation session?
10. How old is the equipment? Nautilus: Free weights:
11. Is laundry cleaned: On-site Off-site Both



BUILDING

1. When was the building built? _____
2. What major additions and/or renovations have been completed? _____

3. Have you ever had a problem with water backup or roofs leaking? Yes No
If Yes, what steps have you taken to prevent further problems? _____

PARKING LOT

1. When was your lot last resurfaced? _____
2. Are there any potholes or other hazards that need to be repaired? Yes No
3. Does the lot have appropriate lighting? Yes No
4. Do you contract out snow removal or does the staff handle? Staff Contracted

PROPERTY

1. Construction: Frame Masonry Non-Combustible
 Masonry Non-Combustible Modified Fire Resistive Fire Resistive
2. Number of Stories: _____ Area occupied by JCC: _____
3. Total Building Sq. Ft: _____ Age of Building: _____
4. Total public area: _____ Parking Sq. Ft: _____

PLEASE ATTACH THE FOLLOWING WITH THIS APPLICATION TO OBTAIN A QUOTE:

- √ ACORD Applications, including Crime & Umbrella
- √ Loss Runs for Current Year and 5 Prior Years
- √ Statement of Values
- √ Brochure and/or Newsletter
- √ Schedule of Vehicles
- √ Financial Statement if For Profit
- √ Drivers List with License Numbers and Dates of Birth
- √ Breakdown of Sq. Ft. by Activity

The Applicant warrants to the best of its knowledge and belief that the statements set forth herein are true and include all material information. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

The Applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy period, it will immediately notify Sterling & Sterling of such change. Signing of this application does not bind Sterling & Sterling to offer nor the applicant to accept insurance, but it is agreed that this application and any attachments thereto shall be the basis of the insurance and it will be attached and made part of the policy should a policy be issued.

Signature: _____
Title: _____
Date: _____

Send To:
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Email: jcc@sterlingrisk.com