



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

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Counselors (Including Group Home Manager)			Teachers		
Psychologists			Physicians		
Nurses R.N.			Psychiatrists		
Nurses L.P.N.			Therapists		
Home Health Aides			Other:		
Social Workers			Other:		

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

Malpractice Insurance Carrier: _____ Limit of liability: _____

Effective dates: _____ / _____ / _____ through _____ / _____ / _____

AUTOMOBILE LIABILITY

- What percentages of employees/volunteers use their own vehicles regularly (daily/weekly) for JCC business?
% Employees: _____ % Volunteers: _____ Describe Usage: _____
- Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
- What the required limits? _____
- Do you run MVR's on employees? Yes No If Yes, how often? _____
- Do you give a driver safety training program? Yes No Does the JCC transport clients? Yes No
- Is training provided for new employees prior to their transporting clients? Yes No
- Does your JCC transport clients/customers for other private or governmental agencies? Yes No
If Yes, please explain: _____
- Is there a formal vehicle maintenance program? Yes No Who performs maintenance? _____
Where are maintenance records retained? _____
What is the frequency of vehicle maintenance?
 Daily Weekly Monthly Quarterly Semi-Annually Annually
- Are all bus drivers required to have commercial licenses? Yes No
- Are routine bus routes taken? Yes No If Yes, Please describe route: _____

- Are any routes taken beyond a 50 mile radius? Yes No If Yes, Please describe route: _____

- Is there a formal accident investigation program? Yes No
Who is responsible for investigation? _____
- How often are passengers transported? Daily Weekly Monthly Other _____
- 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

<input type="checkbox"/> Pool	<input type="checkbox"/> Lake	<input type="checkbox"/> Other _____
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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?

AGE GROUP	# OF TEACHERS	# OF CHILDREN
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records for each child indicating unusual conditions the child has	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed releases for emergency medical treatment/dispensing of medication obtained from parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is dispensing of children's medication also subject to written instructions from physician?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? _____



Endorsed By:



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:

- Physicians
- Nurse Practitioner
- Dentist
- Optometrist
- Psychiatrist
- 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Smoke Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
a. Hard Wired	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
b. Battery Operated	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Emergency Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Are evacuation routes posted throughout the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. In the event of an evacuation, have you established a central meeting point outside the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Are exit signs illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. How often are fire drills held?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. Are there at least two exist doors per building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10. Are exit doors equipped with panic hardware?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11. Is smoking permitted inside the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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? Yes No
5. Do other swim teams use the pool? Yes No If Yes, how often: _____
6. Do any other groups have access to the pool? Yes No
7. Is unsupervised swimming allowed? Yes No
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? Yes No
4. Are rubber mats used in the shower area? Yes No
5. Are warning signs posted in locker/wait rooms? Yes No
6. Who handles maintenance on workout equipment? _____
7. Are manufacturers parts used in repairs? Yes No
8. What hours are weight rooms supervised? Nautilus: _____ Free weights: _____
9. Are first users of weights required to participate in an orientation session? Yes No
10. How old is the equipment? Nautilus: _____ Free weights: _____
11. Is laundry cleaned: On-site Off-site Both



Endorsed By:



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:
STERLING & STERLING, INC.
 P.O. Box 9017
 135 CROSSWAYS PARK DR., Ste. 300
 WOODBURY, NY 11797

