

BOYS & GIRLS CLUBS INSURANCE APPLICATION

SECTION I - GENERAL INFORMATION

Applicant/Facility Name: (Named Insured as it is to appear on policy)		
Mailing Address: Full Street Address/P.O. Box: City/State/Zip Code:		
Affiliated with Boys and Girls Club of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliated with any other Organization? <input type="checkbox"/> Yes Name _____ <input type="checkbox"/> No	Number of Years in Business:
Total # of Members:	Total # of Staff:	Total # of Volunteers:
Are instructors Employees of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Locations do you Have?	Are all Employees Trained in CPR, First Aid, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are Incident Reports Compiled Daily for All Injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Executive Director: Telephone Number: ()	
INCOME FROM ALL SOURCES (Latest 12 Months): Membership Fees: \$ _____ Snack Bar: \$ _____ Bingo Games: \$ _____ # of Annual Admissions: _____	Donations: \$ _____ Fund Raisers: \$ _____ Other: \$ _____ \$ _____	
TOTAL \$ _____		

NOTE: IF THE INSURED OPERATES A DAY OR RESIDENT CAMP, PLEASE COMPLETE OUR CAMP PROGRAM APPLICATION.

- COVERAGES DESIRED:**
- COMMERCIAL GENERAL LIABILITY
 - PROPERTY
 - PACKAGE
 - FLOATER: Attach Schedule; show location, amount of insurance, and deductible
 - AUTOMOBILE: Attach a completed Acord Commercial Automobile Application
 - UMBRELLA: Attach a completed Umbrella Application

SECTION II - CLUB PREMISES INFORMATION - PROPERTY

LOCATION #

Full Street Address: County/City/State/Zip:	
Occupancy: <input type="checkbox"/> Club <input type="checkbox"/> Office	Other, Describe: _____
Interest of Applicant in Premises: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	Other, Describe: _____
CONSTRUCTION OF BUILDING:	
<input type="checkbox"/> Frame	Are buildings specifically rated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Brick	Number of Stories: _____
<input type="checkbox"/> Joisted Masonry	Year Built: _____
<input type="checkbox"/> Fire Resistive	Total Square Footage: _____
<input type="checkbox"/> Other; Describe _____	Total Square Footage You Occupy: _____
If building equipped with automatic sprinkler system? <input type="checkbox"/> Yes <input type="checkbox"/> No What type?: _____	Is building equipped with burglar or fire alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No What type?: _____
Who are other occupants of building?	Name of Fire Department responding to this location?
Distance to Fire Department?	Distance to fire hydrant? _____ ft.

PROPERTY COVERAGES REQUESTED		
BUILDING:	VALUATION	TYPE OF COVERAGE
<u>CAUSES OF LOSS</u>	<input type="checkbox"/> ACV	<input type="checkbox"/> Blanket
<input type="checkbox"/> Basic	<input type="checkbox"/> Replacement Cost	<input type="checkbox"/> Scheduled
<input type="checkbox"/> Broad	% Coinsurance: _____	
<input type="checkbox"/> Special	Deductible: _____	
Amount of insurance requested:	Is this <input type="checkbox"/> 100% of Replacement Cost	<input type="checkbox"/> ACV <input type="checkbox"/> Other _____

CONTENTS:	VALUATION:	TYPE OF COVERAGE
<u>CAUSES OF LOSS</u>	<input type="checkbox"/> ACV	<input type="checkbox"/> Blanket
<input type="checkbox"/> Basic	% Coinsurance: _____	<input type="checkbox"/> Scheduled
<input type="checkbox"/> Broad	Deductible: _____	
<input type="checkbox"/> Special		
Amount of insurance requested:	Loss of Income: _____	Extra Expense: _____

CRIME	
<input type="checkbox"/> Employee Dishonesty	\$ _____
<input type="checkbox"/> Loss Inside the Premises (Money & Securities)	\$ _____
<input type="checkbox"/> Loss Outside the Premises (Money & Securities)	\$ _____
<input type="checkbox"/> Burglary	\$ _____

MORTGAGEES, LOSS PAYEES	
1. _____	_____
2. _____	_____

SECTION III - COMMERCIAL GENERAL LIABILITY INFORMATION

Limit of Liability Desired: \$500,000 \$1,000,000

LOCATION #

Full Street Address:		Hours of Operation:
City/County/State/Zip:		
Total Square Footage Utilized by Applicant:	Total Square Footage of Building:	
Number of Members Here:	Number of Staff Here:	

ACTIVITIES AT THIS LOCATION

Do you require a Permission/Release Form for participation in Athletic Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy.)	Average Number of Participants Per Day: Hours of Operation:
<input type="checkbox"/> Fitness Center	<input type="checkbox"/> Swimming Pools Number _____ Depth _____ Measurements:
<input type="checkbox"/> Racquetball Courts Number _____ Area _____	<input type="checkbox"/> Lifeguards on Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeguards Red Cross Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Basketball Courts Number _____ Area _____	<input type="checkbox"/> Diving Board Number _____ Height _____
<input type="checkbox"/> Soccer Fields Number _____ Area _____	<input type="checkbox"/> Track & Field Activities Describe:
<input type="checkbox"/> Tennis Courts Number _____ Area _____	<input type="checkbox"/> Day Nursery/Baby Sitting Number of Children _____ Number of Staff _____ Area _____
<input type="checkbox"/> Martial Arts What type? _____ If yes, please attach copy of rules, if any.	<input type="checkbox"/> "Latch Key" or after school program: Number of Children _____ Hours of Operation:
<input type="checkbox"/> Game Room	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Football <input type="checkbox"/> Tackle # of Participants: <input type="checkbox"/> Flag # of Participants:	<input type="checkbox"/> Dance Instruction <input type="checkbox"/> Aerobic Classes
<input type="checkbox"/> Snack Bar	<input type="checkbox"/> Baseball Number of Fields:
<input type="checkbox"/> Skating: <input type="checkbox"/> Roller <input type="checkbox"/> Ice	<input type="checkbox"/> Boxing/Wrestling
<input type="checkbox"/> Woodworking or Other Industrial Arts Activity (Please attach a brief description of activities, safety procedures followed, qualification of instructors, procedures for handling & storage of any flammable materials, and copy of power tool permission slip used.)	
<input type="checkbox"/> Other Activities or Special Events or Fund Raisers: Describe:	

ADDITIONAL INSUREDS FOR THIS LOCATION

NAME	MAILING ADDRESS	INTEREST
1.		
2.		

Boys & Girls Club of America Additional Insured.

DESCRIBE ALL PROPERTY OR LIABILITY LOSSES IN LAST 3 YEARS (Use Separate Sheet if Necessary):

DATE	DESCRIPTION	HOW MUCH PAID BY INSURER

PREVIOUS INSURANCE CARRIERS (Including Current Policies):

NAME OF INSURANCE COMPANY	TYPE OF POLICY	EXPIRATION DATE	ANNUAL PREMIUM
			\$
			\$
			\$
			\$
			\$

COMMENTS/SPECIAL REQUESTS:

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.

Proposed Effective Date of Policy _____

Date _____ **Applicant's Signature** _____
(Title)

Name of Agent _____

Agent's Street Address _____

Agent's City, State & Zip Code _____ () _____
(Phone Number)

NOTE: Application must be signed by an officer of the applicant.

Sexual Abuse and Child Abuse Underwriter's Checklist Boys & Girls Clubs

Name of Risk: _____ Date: _____

Mailing Address: _____
City State Zip

Please complete this form and return it to us along with Boys & Girls Clubs Insurance Application.

1. Does your staff (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? Yes No
2. a) Does your state permit you to do criminal background investigations on prospective employees? Yes No
 b) If yes, do you routinely request and receive such background investigations? Yes No
3. How do you verify employment related references? In Person By Telephone
4. Do you conduct a personal interview? Yes No
5. Do you discuss at staff orientation, child/sexual abuse, how to recognize the signs, and what to do if a member reports someone molested him/her? Yes No
6. Do you have a plan of supervision that monitors staff in day-to-day relationships with members both on and off premises? Yes No
7. Do you have a crisis management plan for dealing with participants, employees, victim, parents, authorities, and media if you have an incident of abuse? Yes No
8. a) Have you ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe allegation on back of this form.
 b) Was a claim made against you? Yes No
 c) Was the case settled? Yes No
 d) Taken to trial? Yes No
 e) How much money was paid as damages to the victim? \$ _____

Applicant's Signature

Title

Broker's Name and Address

Broker's Signature