

# Z A S

## Zurich Agency Services

### CLUBS-ATHLETIC-RECREATION QUESTIONNAIRE

- **SEXUAL ABUSE QUESTIONNAIRE REQUIRED IF COVERAGE DESIRED**
- **TEAM SPORT MEMBERS MAY BE REQUIRED TO PURCHASE ACCIDENT INSURANCE**
- **SWIMMING POOL QUESTIONNAIRE REQUIRED WHERE APPLICABLE**

Named Insured: \_\_\_\_\_

Are you required to be licensed?  Yes  No  
If yes, by whom? \_\_\_\_\_

Does your agency have any other accreditations?  Yes  No  
If yes, please list: \_\_\_\_\_

Hours of operation \_\_\_\_\_

Days of week \_\_\_\_\_

Average daily attendance \_\_\_\_\_

Ages membership \_\_\_\_\_

Number of employees at facility \_\_\_\_\_

Is babysitting available?  Yes  No Are parents on premises?  Yes  No

At registration, do members sign a hold harmless/waiver?  Yes  No

Is there a policy relating to supervision of minors?  Yes  No  
If yes, please describe. \_\_\_\_\_

#### PERSONNEL

1. Does the facility have an orientation program for all employees & volunteers?  Yes  No
2. Are instructors trained in emergency procedures?  Yes  No
3. Is a staff member trained in CPR/First Aid on duty at all time?  Yes  No
4. Do any employees hold a Red Cross certification?  Yes  No

#### OPERATIONS

1. Is a membership card required for entry?  Yes  No
2. Is there a security system or security personnel?  Yes  No
3. Have the premises been evaluated for security weakness?  Yes  No
4. Is access to the building limited to doors that are supervised?  Yes  No

If you want to learn more about the compensation Zurich pays agents and brokers visit:  
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This  
Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries

5. Are shower facilities covered with slip-resistant surfaces?  Yes  No

6. Is a snack bar available?  Yes  No

### ATHLETIC ACTIVITIES

1. Is swimming pool on premises?  Yes  No  
(Complete Swimming Pool Questionnaire.)

2. Are classes conducted in scuba diving?  Yes  No  
Are physicals required before participation?  Yes  No

3. Is open gym available to membership?  Yes  No

4. Is there a weight room?  Yes  No  
Free weights? \_\_\_\_\_ Life cycle? \_\_\_\_\_

5. Are proper usage/warning signs available on all exercise equipment?  Yes  No

6. Are aerobic classes offered?  Yes  No  
Is area padded with soft slip-resistant surface?  Yes  No

7. Are gymnastics offered?  Yes  No  
If yes, at what age level(s) \_\_\_\_\_  
Is there a trampoline?  Yes  No  
Are spotters used for gymnastics?  Yes  No  
Is equipment locked when not in use?  Yes  No  
List all equipment and describe supervision \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Tennis? \_\_\_\_\_ Racquetball? \_\_\_\_\_ Squash? \_\_\_\_\_ Handball? \_\_\_\_\_

9. Is a jogging track available?  Yes  No

10. Is a weight reduction program offered?  Yes  No  
Is weight reduction program supervised by a nutritionist?  Yes  No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

11. Is martial arts/self defense course offered with certified instructor?  Yes  No

12. Is boxing program offered with certified instructor?  Yes  No  
Is there a separate insurance policy for boxing program?  Yes  No

13. Are any ropes or challenge courses offered?  Yes  No  
If yes, are instructors certified?  Yes  No  
Is protective gear (helmets, knee pads, elbow pads) always worn?  Yes  No  
Are these activities always supervised?  Yes  No

14. Is there a climbing wall?  Yes  No  
If yes, are instructors certified?  Yes  No  
Is protective gear always worn?  Yes  No  
Is activity always supervised?  Yes  No

15. Is a whirlpool available?  Yes  No  
U.L. approved? \_\_\_\_\_ Water tested twice a day? \_\_\_\_\_ Warnings posted? \_\_\_\_\_

16. Is a sauna available?  Yes  No  
U.L. approved? \_\_\_\_\_ Instructions posted? \_\_\_\_\_

17. Is a tanning booth available?  Yes  No

18. Is child care available?  Yes  No  
 (If yes, Child Care Questionnaire required.)
19. Is summer camp/overnight camping offered?  Yes  No  
 (If yes, Camp Questionnaire required.)
20. Is cooking/meal preparation done on premises?  Yes  No  
 (If yes, complete Commercial Cooking Questionnaire.)
21. Are any residential apartments maintained?  Yes  No  
 (If yes, complete Residential Questionnaire.)

**ACCIDENT INSURANCE**

1. Are all team sports members covered by accident insurance?  Yes  No
2. Do all participants sign a hold harmless agreement?  Yes  No
3. Is the purchase of accident insurance optional?  Yes  No
- Name of insurance carrier \_\_\_\_\_
- Limits of liability \_\_\_\_\_

**TEAM SPORTS PROVIDED TO MEMBERSHIP**

*Indicate Number of Members Participating*

| SPORT                         | 6-12 YEARS |         | 12-18 YEARS |         | 18 YEARS+ |         |
|-------------------------------|------------|---------|-------------|---------|-----------|---------|
|                               | TEAMS      | PLAYERS | TEAMS       | PLAYERS | TEAMS     | PLAYERS |
| ARCHERY                       |            |         |             |         |           |         |
| BASEBALL                      |            |         |             |         |           |         |
| BASKETBALL                    |            |         |             |         |           |         |
| BOXING                        |            |         |             |         |           |         |
| FOOTBALL<br>*(FLAG, TAG ONLY) |            |         |             |         |           |         |
| FLOOR<br>HOCKEY*              |            |         |             |         |           |         |
| GYMNASTICS                    |            |         |             |         |           |         |
| SOCCER                        |            |         |             |         |           |         |
| SOFTBALL                      |            |         |             |         |           |         |
| SWIMMING                      |            |         |             |         |           |         |
| WRESTLING                     |            |         |             |         |           |         |
| OTHER                         |            |         |             |         |           |         |

**\*TACKLE FOOTBALL AND ICE HOCKEY NOT ACCEPTABLE**

**PLEASE PROVIDE BROCHURE OF ALL ACTIVITIES**

AGENCY NAME \_\_\_\_\_

COMPLETED BY \_\_\_\_\_ DATE: \_\_\_\_\_

**Send to:**  
**Zurich Agency Services**  
**118 S. Clinton, Suite 350**  
**Chicago, IL 60661**  
**Toll-Free: 877-447-7286**  
**Fax: 312-879-9300**