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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

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<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This
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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?
(Complete Swimming Pool Questionnaire.) Yes No

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 *(FLAG, TAG ONLY)						
FLOOR 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:
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