

# Specialty Lines

## UNDERWRITERS

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### Public Entity Application Recreational Activities Questionnaire K

Legal Name of Public Entity: \_\_\_\_\_ Effective Date: \_\_\_\_\_

#### A. MANAGEMENT

1. Does the entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, skating rinks, equipment, buildings, etc.)? .....  Yes  No
2. How often?  Weekly  Monthly  Other Describe: \_\_\_\_\_
3. Are all regular inspections and corrective actions documented? .....  Yes  No

#### B. PARKS/PLAYGROUNDS

1. Is there playground equipment? .....  Yes  No
2. What surface is provided underneath playground equipment? \_\_\_\_\_

#### C. ICE/ROLLER SKATING *Please complete a separate questionnaire for each facility.*

1. Type of rink:  Ice  Roller Location: \_\_\_\_\_  Indoor  Outdoor
2. Size of rink (square feet): \_\_\_\_\_ Annual sales/receipts: \$ \_\_\_\_\_
3. Are warning signs posted? .....  Yes  No Is rink lighted? .....  Yes  No
4. Is ice hockey permitted? .....  Yes  No If "yes," complete E. below.
5. Hours and days of operation: \_\_\_\_\_  
Participants:  Youth  Adult Supervised? .....  Yes  No
6. Describe procedures for checking ice thickness: \_\_\_\_\_  
\_\_\_\_\_

#### D. SKATE PARKS *Please complete a separate questionnaire for each facility.*

1. Does the insured have a specifically designated area for the skate park? .....  Yes  No
2. Activity:  Skateboard  In-Line Skates

INCLUDE A COPY OF THE RISK MANAGEMENT GUIDELINES FOR OPERATION OF THE SKATE PARK.

3. Number of pipes over 2 ft. in height: \_\_\_\_\_  
Number of ramps over 2 ft. in height: \_\_\_\_\_

Maximum height of pipes: \_\_\_\_\_ ramps: \_\_\_\_\_

Type of construction: Wooden: \_\_\_\_\_% Concrete: \_\_\_\_\_% Other: \_\_\_\_\_

Permanent  Portable

4. Has any law, ordinance or statute been passed giving skate park immunity to the insured? .....  Yes  No  
If "yes," please explain: \_\_\_\_\_

5. Are there any vendor activities at the skate park? .....  Yes  No  
If "yes," please describe (Rentals, Concessions, etc.): \_\_\_\_\_

**E. 1. ENTITY ORGANIZED ACTIVITIES**—Please attach detailed description of each activity and any brochures or schedules available.

Activity Example: Baseball, football, hockey, soccer	Number of Participants		Entity Sponsored/ Supervised?	Third Party Sponsored	
	Youth	Adult		Supervised?	COI to Entity
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. Does entity secure waiver and release and/or consent forms for all participants? .....  Yes  No  
Please attach copies of any forms used.

Do any participants provide their own insurance? .....  Yes  No

2. a. Describe any activities away from premises: \_\_\_\_\_

b. What transportation is provided, if any? \_\_\_\_\_

c. Are parental permission/waiver forms required? .....  Yes  No  
(If "yes," attach copy of same.)

**F. WATERFRONT ACTIVITIES EXPOSURES (Swimming Pools, Beaches, Lakes, Reservoirs, etc.)**  
(Please complete a separate questionnaire for each area.)

1. a. Type of exposure:  
 Pool  Beach  Pond  Lake  Reservoir  Ocean  River  Stream

b. Name and location of exposure: \_\_\_\_\_

2. a. Pool(s) square footage/frontage/size: \_\_\_\_\_

b. Number of diving boards: \_\_\_\_\_ Height of each: \_\_\_\_\_  
Depth of diving well: \_\_\_\_\_ Depth markers? .....  Yes  No

3. a. Identify all activities (swimming, boating, ice skating, etc.): \_\_\_\_\_

b. Swimming area:  
(1) Is swimming area roped or marked? .....  Yes  No  
If "yes," explain area and type of marking: \_\_\_\_\_

- (2) Are life guards provided? .....  Yes  No  
 How many? \_\_\_\_\_ Hours on duty? \_\_\_\_\_ Certified? .....  Yes  No
- (3) Is boating permitted near the swimming area? .....  Yes  No
- (4) Is diving permitted? .....  Yes  No Supervised? .....  Yes  No
- (5) Depth of water? \_\_\_\_\_  
 Is swimming area checked for underground obstructions, etc.? .....  Yes  No

4. Describe maintenance and repair of facilities: \_\_\_\_\_  
 \_\_\_\_\_
5. How many water slides do you have? \_\_\_\_\_ How high are the slides? \_\_\_\_\_
- a. Number of curves in each slide? \_\_\_\_\_  
 Attendants at top? .....  Yes  No Bottom? .....  Yes  No
- b. Attendance capacity? \_\_\_\_\_ Average daily attendance? \_\_\_\_\_
- c. Explain additional controls and safety features: \_\_\_\_\_  
 \_\_\_\_\_
- d. Days and hours of operation: \_\_\_\_\_
- e. What controls, if any, are used to eliminate or discourage after hour accessibility? \_\_\_\_\_  
 \_\_\_\_\_

**G. PIERS/MARINAS/WHARVES/DOCKS EXPOSURE**

1. Type of facility:  Pier  Marina  Wharf  Dock
2. Square footage: \_\_\_\_\_ What body of water? \_\_\_\_\_
3. Describe use: \_\_\_\_\_
4. Are there any gasoline pumps (if marina)? .....  Yes  No  
 If "yes," describe controls: \_\_\_\_\_
5. Are boats allowed to dock overnight?  Yes  No Number of slips available: \_\_\_\_\_
6. What are annual fees? \_\_\_\_\_
7. Are there any power lifts? .....  Yes  No
8. Describe any storage facilities (i.e., dry docking) or repair facilities: \_\_\_\_\_
9. If marina, receipts: \$ \_\_\_\_\_
10. Are boats rented to the public? .....  Yes  No  
 If "yes," what are receipts? \$ \_\_\_\_\_
- a. Size and type of boats: \_\_\_\_\_
- b. Release/rental agreement? .....  Yes  No  
 (attach copy)
- c. Age restrictions? .....  Yes  No  
 Describe: \_\_\_\_\_
11. Are there any concessions? .....  Yes  No

**H. WATERCRAFT EXPOSURE**

1. Describe watercraft: \_\_\_\_\_  
 Manufacturer's name: \_\_\_\_\_ Year: \_\_\_\_\_ Length: \_\_\_\_\_  
 H. P.: \_\_\_\_\_ Inboard: \_\_\_\_\_ Outboard: \_\_\_\_\_

2. What is watercraft's use? \_\_\_\_\_
3. Boats rented to others? .....  Yes  No  
Receipts? \$ \_\_\_\_\_