

13. Please check the applicable equipment/activities:
- | | | | | |
|--|---|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Pool | Size: _____ X _____ FT. | Depth: From _____ FT. to _____ FT. | | |
| <input type="checkbox"/> Diving Board | Height: _____ FT. | <input type="checkbox"/> Slide(s) Pool | <input type="checkbox"/> Sandbox | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Tennis Courts | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Baseball | <input type="checkbox"/> Slides | <input type="checkbox"/> Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Boxing | <input type="checkbox"/> Fencing | <input type="checkbox"/> Swings | <input type="checkbox"/> Jungle Gym |
| <input type="checkbox"/> Dive Team | <input type="checkbox"/> Other (List) _____ | | | |

14. Do you have an extended day program? Yes No Hours of operation? From _____ to _____

15. Describe hiring procedures for **all** employees, including aides, attendants, custodial, etc. _____

16. Attach copies of all contractual agreements including those involved in off-premises training.

17. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	\$ _____
Products – Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (up to \$50,000 limit available)	\$ _____ any one fire
Medical Expense Limit (up to \$5,000 limit available)	\$ _____ any one person
Each Professional Incident Limit (if applicable)	\$ _____

18. Has applicant had previous insurance for this school? If yes, please complete the following. Yes No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

19. During the past **five years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide full details. Include description of claim, amounts paid, and reserves. (Attach page if more space is needed) Yes No

20. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. Yes No

21. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three years? If yes, please provide full details. Yes No

22. If sexual molestation coverage desired, please complete Sexual Molestation Supplemental Application, A-71

Applicant's Signature: _____

Title: _____

Date: _____