

Supplemental Application

HEALTH & FITNESS CLUB RISK

Effective Date: _____

Program Group Code: ZSJ

Named Insured: _____

Agency: _____ Agency Code: _____

Please attach the following to submission requirements:

- | | |
|--|--|
| <input type="checkbox"/> Company Loss Runs (minimum 3 years) | <input type="checkbox"/> ACORD Applications for all coverages desired |
| <input type="checkbox"/> Brochure, advertising materials and website information | <input type="checkbox"/> Copy of liability waivers/release forms |
| <input type="checkbox"/> Copy of health club membership application including | <input type="checkbox"/> health assessment forms and <input type="checkbox"/> medical disclosure |

GENERAL INFORMATION

1. Please provide the following operation information:

a. Total gross sales revenue: \$ _____

b. Breakdown of gross sales by:

Annual member dues: \$ _____ Court time: \$ _____ Food: \$ _____

Tanning: \$ _____ Pro Shop sales: \$ _____ Liquor: \$ _____

Other products sold \$ _____ Describe products: _____

Products sold with the Insured's name or label on them? ☐ Yes ☐ No

If Yes, describe: _____

Do you sell dietary supplements? ☐ Yes ☐ No

If Yes, what brand names? _____

Miscellaneous fees: \$ _____ Describe: _____

c. Number of Employees: Full time: _____ Part time: _____

d. Number of total members: _____ Number of Active members: _____

e. Number of guests per month: _____

f. Total square footage of facility: _____

g. Are events held off premises by Insured? ☐ Yes ☐ No

If Yes, please explain: _____

2. Prior Carrier Information: Insurance Company: _____

3. Please provide number of personnel employed:

Administrators _____ Managers _____ Massage Therapist _____

Personal Trainers _____ Physical Therapists _____ Aerobics Instructors _____

Nonprofessional Employees _____ Volunteer Workers _____ All Other _____

4. Number of sub-contractors: _____ Describe services of sub-contracted: _____

a. Are certificates of insurance obtained from your sub-contractors? ☐ Yes ☐ No

b. Do you desire to provide coverage for the sub-contractors? ☐ Yes ☐ No

5. Indicate any of the following hiring practices followed by the administration:

- ☐ Signed employment applications are obtained for all potential employees
- ☐ Employee referrals are used
- ☐ Complete personal references are checked
- ☐ Criminal background checks on all employees are required
- ☐ Criminal background checks on volunteer workers working with youth are required
- ☐ Documentation of employment applications and background/reference checks maintained
- ☐ We conduct an employee orientation covering all written policies with documentation kept in file
- ☐ Written employee handbook (provide copy)

FACILITY POLICY AND PROCEDURES

1. Please indicate any of the following building access and safety procedures that are in place:

- ☐ Member sign-in procedures
- ☐ Guest sign-in procedures
- ☐ Security cameras utilized
- ☐ Fire and emergency drills conducted
- ☐ Other security measures _____

2. Please indicate any of the following member/guest practices followed by the administration:

- ☐ General health application completed or health examination required on all new members
- ☐ A pre-activity evaluation completed by qualified staff for all new members (cardio risk screening)

If not completed, do you require sign-off if declined assessment and/or training?

☐ Yes ☐ No

- ☐ All members/participants required to sign an assumption-of-risk disclosure and waiver/release of liability prior to participating in any physical activity
- ☐ All guests are required to sign waiver-of-liability forms
- ☐ All members and guests are instructed on how to properly use equipment
- ☐ Written incident report system (accident log kept of all injuries and accidents)

3. Please indicate any of the following procedures for fitness equipment followed by the administration:

- ☐ Written instruction of proper use posted on each piece of equipment
- ☒ Member/user age restriction with no youth < 16 years of age

If No, please explain: _____

- ☐ Regular schedule of inspection and preventive maintenance of all apparatus, exercise equipment

If applies, how often do you inspect your equipment? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

- ☐ Regular schedule for cleaning and disinfecting of equipment with records maintained
- ☐ All equipment inspection and repair logs maintained (with details, date/time, and repair service)
- ☐ Require certificate of insurance and hold harmless agreement for any vendors repairing equipment
- ☐ Equipment inspected annually by a professional servicing company

If applies, please provide company name: _____

4. Do you have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:

- ☐ Trained staff on duty to actively monitor/supervise the fitness floor and all activity areas
- ☐ Established closing procedures with checklists covering all activity areas and accountability for completion
- ☐ Inspection of interior/exterior walking surfaces.

Please describe the frequency of inspections and how documented: _____

- ☐ Written snow/ice removal procedures if applicable
- ☐ Life safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls)

5. Please indicate any of the following procedures for wet areas (showers, whirlpools/saunas, poolside) followed by the administration:
- ☐ Showers and locker rooms are disinfected and cleaned daily
 - ☐ Slip-resistant mats placed in all wet areas (poolside, showers, whirlpool/saunas, etc.)
 - If No, what precautions are taken to prevent slips and falls? _____
 - ☐ Temperature limiters or other anti-scalding devices are installed on showers
 - ☐ Sauna(s)/steam-room(s) facilities procedures implemented as follows:
 - ☐ Monitored regularly for usage during open hours. If Yes, how often: _____
 - ☐ Rules are posted regarding the proper use and safety precautions
 - ☐ Maximum recommended exposure time posted
 - ☐ Heating element and thermometer have protective covers to keep inaccessible and prevent burns
 - ☐ All manufacturer recommendations followed for usage and maintenance
 - (a) If you have an automatic fire sprinkler, is there a sprinkler head installed in the sauna? ☐ Yes ☐ No
 - (b) Is staff required to monitor the sauna interior throughout the day/night? ☐ Yes ☐ No
 - (c) Is there a documentation protocol in place? ☐ Yes ☐ No
6. Do you have an all-hazards emergency response plan in place? ☐ Yes ☐ No
- (a) Does your plan include response procedures for medical emergencies? ☐ Yes ☐ No
 - (b) Does your plan include response procedures to disease/pandemic outbreaks? ☐ Yes ☐ No
 - (c) Indicate if your plan includes response procedures for the following:
 - ☐ Lightning safety if applicable
 - ☐ Heat illness
 - ☐ Recognizing head concussions

BUSINESS OPERATIONS—MANAGEMENT—PERSONNEL

1. Please provide management experience and qualifications: _____
2. What certifications do your trainers/instructors have? _____
3. What percentage of your trainers/instructors are certified by ACE, NSCA, NCSF or other agency accredited through NCCA? _____%
4. Are all the staff trained in CPR and/or First Aid? ☐ Yes ☐ No
 - (a) If No, how many are trained? _____
5. Do you provide training for CPR and/or First Aid by a certified organization? ☐ Yes ☐ No
6. Is someone with CPR/AED/First Aid training on duty at all times? ☐ Yes ☐ No
7. How many Automatic External Defibrillators (AED) does the applicant have at each location? _____
8. How many employees at each location per shift are trained to operate an AED? _____
9. Are employees, instructors, trainers available in each area of the facility for supervision, spotting, and emergencies? ☐ Yes ☐ No
10. Do you verify all staff credentials (experience/certification) during the hiring process? ☐ Yes ☐ No
11. Are you a member of IHRSA or other trade association? ☐ Yes ☐ No
 - If Yes, provide: _____
12. Do you have an organized written procedure for all your recordkeeping collecting and keeping business records? ☐ Yes ☐ No
13. Do you have appropriate caution, danger, and warning signs posted throughout facility where existing conditions and situations warrant? ☐ Yes ☐ No
14. Do you operate a facility that is accessible 24 hours a day via key or access card? ☐ Yes ☐ No
 - If Yes, please advise if the following are in place:
 - ☐ Owner/manager on site
 - ☐ Security cameras
 - ☐ Warning sign—no supervision
 - ☐ Communication action steps in an emergency situation

15. Do you employ independent contracted personal trainers? ☐ Yes ☐ No
- (a) If yes, please advise how many employed: _____
- (b) Do you require them to carry own insurance and provide you certificate of insurance? ☐ Yes ☐ No

SERVICES: Please review list and check off all services offered by your facility

<input type="checkbox"/> Aerobics <input type="checkbox"/> Air Supported Structures <input type="checkbox"/> Arial Yoga <input type="checkbox"/> Yoga <input type="checkbox"/> Batting Cages <input type="checkbox"/> Dance <input type="checkbox"/> Elevated Temperature Workouts <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastics <input type="checkbox"/> Locker Room <input type="checkbox"/> Mini or Rebound Trampoline <input type="checkbox"/> Trampoline–Other <input type="checkbox"/> Pilates <input type="checkbox"/> Running Track <input type="checkbox"/> Spinning <input type="checkbox"/> Steam: How many? _____ <input type="checkbox"/> Sauna: How many? _____ <input type="checkbox"/> Whirlpools: How many? _____	<input type="checkbox"/> Indoor Tennis Courts Square Footage _____ Number of Courts _____ Number of Outdoor Courts _____ <input type="checkbox"/> Indoor Basketball Courts Square Footage _____ Number of Courts _____ Number of Outdoor Courts _____ <input type="checkbox"/> Inflatable Equipment <i>(If Yes, please complete Inflatable Equipment Supplemental Application)</i> <input type="checkbox"/> Racquet Ball Courts Square Footage _____ Number of Courts _____ <input type="checkbox"/> Rock Climbing Walls <i>(Refer to the Climbing Wall Questions on Page 7)</i> <input type="checkbox"/> Youth Camps <i>(Refer to the Day Camp Questions on Page 6)</i>	<input type="checkbox"/> Beauty Parlor <input type="checkbox"/> Blood Analysis <input type="checkbox"/> Diet Center (Registered Dietician) <input type="checkbox"/> Facility Rental Space <input type="checkbox"/> Masseur/Masseuse <input type="checkbox"/> Nursery/Babysitting <i>(Refer to Questions on Page 4)</i> <input type="checkbox"/> Overnight Accomodations <input type="checkbox"/> Other <i>(Describe)</i> _____ <input type="checkbox"/> Pro Shop <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Sports Rehab/Therapy <input type="checkbox"/> Snack/Juice Bar <input type="checkbox"/> Spa services
---	--	--

OTHER

1. Do you handle your laundry (if any) in-house? ☐ Yes ☐ No
- (a) Do you contract the laundry service through an outside vendor? ☐ Yes ☐ No

SWIMMING POOLS ☐ N/A

1. Please indicate the number of pools: # _____ Indoor # _____ Outdoor
2. Hours of operation: _____
3. Please indicate any of the below safety procedures that are in place at facility:
- | | | |
|---|--|---|
| <input type="checkbox"/> Safety pool rules posted | <input type="checkbox"/> Warning sign "Swim at your own risk" posted | <input type="checkbox"/> Depth markings |
| <input type="checkbox"/> Pool area locked when not in use | <input type="checkbox"/> Life Safety equipment available | |
| <input type="checkbox"/> Testing of water quality throughout the day | <input type="checkbox"/> Outside pool closed in severe weather | |
| <input type="checkbox"/> Working phone available near pool in case of emergency | | |
4. Are there any diving boards? ☐ Yes ☐ No
- If Yes, describe design (i.e., number/height) _____
5. Are there any slides? ☐ Yes ☐ No
- If Yes, describe design (i.e., number/height) _____
6. Is the facility staffed with certified lifeguards during open swim times? ☐ Yes ☐ No
7. Is the pool rented out for parties? ☐ Yes ☐ No
- If Yes, describe: _____
8. Is pool leased for rehabilitation? ☐ Yes ☐ No
- If Yes, do you require certificate of insurance? ☐ Yes ☐ No

DAY NURSERY/BABYSITTING SERVICES ☐ N/A

1. What are the hours of operation for the babysitting services? _____
2. What is the age range of the children under your care? _____
3. Do you require parents to sign liability waivers? ☐ Yes ☐ No
4. What is the ratio of staff to children? _____
5. Are parents/guardians required to be on premises at all times while the child is in your care? ☐ Yes ☐ No
6. Do you have written sign-in and sign-out procedures? ☐ Yes ☐ No
7. Please provide qualifications of staff: _____
8. Do you have formal and written Sexual Abuse Prevention Policy? ☐ Yes ☐ No
If Yes, attach a copy
9. Do you have formal policies and procedures for screening the character and criminal history of your staff, whether paid employees or volunteers? ☐ Yes ☐ No
If Yes, please attach these policies to application
10. Please advise what policies are in place for investigating and reporting an allegation of child sexual abuse against your staff: _____
11. What training program(s) do you require or provide your staff concerning sexual abuse prevention? _____
12. What type of activities do you have available for the children? _____
13. Is this a licensed daycare center? ☐ Yes ☐ No

TANNING APPARATUS ☐ N/A

1. Please provide the total number of units in facility: _____
Are all tanning beds UL listed? ☐ Yes ☐ No
(a) Type: _____ Manufacturer: _____
2. What is the age of each unit? _____
Do you have a service contract? ☐ Yes ☐ No
3. Are ONLY the manufacturer's suggested bulbs used? ☐ Yes ☐ No
4. Are warning signs regarding ultraviolet rays posted? ☐ Yes ☐ No
5. Are goggles required? ☐ Yes ☐ No
6. Do you require a tanning booth waiver to be signed by members? ☐ Yes ☐ No
7. Are records kept on each customer for each visit and exposure time? ☐ Yes ☐ No
8. Are all timers tested regularly? ☐ Yes ☐ No
If Yes, how often tested: _____
9. Are employees trained in safe tanning procedures and use of timers? ☐ Yes ☐ No
10. Who controls the timing of tanning? ☐ Client ☐ Employee
Where are timing controls located? _____

SEXUAL MISCONDUCT LIABILITY ☐ N/A

Please Check Desired Limits of Liability :

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$100,000/\$100,000 | <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$300,000/\$300,000 |
| <input type="checkbox"/> \$300,000/\$600,000 | <input type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 |

1. Current coverage written on ☐ Occurrence form ☐ Claims made
2. Please advise details on your current policy coverage terms:
☐ Policy excludes sexual abuse coverage ☐ Coverage provided, please provide policy limit: _____
☐ Policy neither excludes or provides limit for abuse coverage

3. Have you ever had a claim involving abuse (physical or sexual)? ☐ Yes ☐ No
If Yes, please provide details, including final resolution: _____
4. Are you aware of any situation which may present a claim in the future? ☐ Yes ☐ No
If Yes, please provide details, including final resolution: _____

POLICIES/PROCEDURES

1. Do your employment applications for both staff and volunteers include questions pertaining to prior convictions for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No
2. Is documentation of employment applications and background/reference checks maintained? ☐ Yes ☐ No
3. Do you have a written policy(s) designed to prevent abuse, molestation, and sexual harassment? ☐ Yes ☐ No
- a. Are these policies and guidelines communicated to all employees and volunteers? ☐ Yes ☐ No
- b. Is documentation of the communication of your policies prohibiting abuse maintained? ☐ Yes ☐ No
- c. Do they contain guidelines for reporting suspected abuse or neglect of children? ☐ Yes ☐ No
- d. Are criminal background checks performed on all youth staff/volunteer positions? ☐ Yes ☐ No
4. Do you discuss the following items at staff orientation:
- a. Child/sexual abuse? ☐ Yes ☐ No
- b. How to recognize the signs? ☐ Yes ☐ No
- c. What to do if a member/child reports someone molested him/her? ☐ Yes ☐ No
5. Please indicate all additional administrative practices you have implemented to prevent abuse situations:
- ☐ We have all youth activities conducted in highly visible area (windows/open doors)
- ☐ We limit our staff from being alone with any child (requiring more than one adult at all times)
- ☐ All staff and volunteers are required to sign an acknowledgement of receipt and understanding of our abuse policy
- ☐ We have appointed a coordinator to review and investigate any allegation of an abusive or harassment situation
- ☐ Our sexual abuse policy contains the required reporting and investigation procedures for employees and volunteers

FOOD AND LIQUOR SALES ☐ N/A

Please indicate if your facility has the following operations:

Restaurant/Snack or Juice Bar/Vending sales: ☐ Yes ☐ No

If Yes, please answer below questions.

1. Is the restaurant or snack bar open to the general public? ☐ Yes ☐ No
2. Please indicate exposure: ☐ Restaurant ☐ Snack/juice bar ☐ Vending
3. Does the facility have commercial cooking equipment? ☐ Yes ☐ No
- If Yes, please advise type of equipment protected by:
- Number of deep fat fryers: _____
- Number of fire extinguishers: _____
- ☐ Hood and ducts protected by an automatic fire extinguishing system
- ☐ Deep fat fryers protected by the automatic fire extinguishing system
- ☐ The system is UL300 approved
- ☐ The hood and ducts are cleaned and serviced by outside contractor
- If Yes, name of company: _____ and how often: _____

Liquor Liability: ☐ Yes ☐ No

If Yes, please answer below questions.

1. Do you serve alcoholic beverages at your facility? ☐ Yes ☐ No
2. Do you have a liquor license in your name? ☐ Yes ☐ No

3. Have you ever been assessed a fine or violation of a law concerning the sale, serving, or providing of alcohol? ☐ Yes ☐ No
If Yes, please explain: _____
4. Do you currently have liquor liability coverage? ☐ Yes ☐ No
If Yes, have you ever had your liquor liability canceled or non-renewed in the last three years? ☐ Yes ☐ No
If Yes, please explain: _____
5. Are all employees serving liquor required to participate in alcohol awareness programs (TIPS) ☐ Yes ☐ No
6. Total annual sales: \$ _____ Beer: \$ _____ Liquor: \$ _____
7. Does your facility have a bar area? ☐ Yes ☐ No
8. Do you conduct "Happy hour" with discounted drink specials? ☐ Yes ☐ No

YOUTH CAMP OPERATIONS ☐ N/A

Please attach copies of any brochures and contracts/releases in use.

1. Are any day camp activities held off site? ☐ Yes ☐ No
If Yes, please list locations, whether they are owned or leased. Locations and activities held here: _____
2. What is the ratio of counselors/instructors to campers? _____
3. Hour of operation of the day camps: Opens: _____ a.m./p.m. Closes: _____ a.m./p.m.
4. Please provide the age range of campers: _____
5. Please provide the estimated number of campers per day: _____
6. How many days per week? _____ Weeks per year: _____
7. Please indicate all the activities offered to campers?
☐ Martial Arts ☐ Gymnastics ☐ Rock Climbing ☐ Trampoline ☐ Boxing ☐ Kick-Boxing
☐ Tennis ☐ Basketball ☐ Ropes Courses ☐ Zip lines ☐ Other: _____
8. Are children transported to various locations by employees? ☐ Yes ☐ No
9. Please provide staff qualifications in operating the day camps. _____
10. Are there any overnight stays? ☐ Yes ☐ No
If Yes, please provide details: _____

MARTIAL ARTS/BOXING/KICK-BOXING ☐ N/A

1. Describe the type of style taught: _____
☐ Contact ☐ Non-Contact
If contact, is it: ☐ Light Contact ☐ Full Contact
2. Do you have weapons training? ☐ Yes ☐ No
If Yes, explain: _____
3. Describe protective equipment (pads, gloves, headgear, etc.) if any, that is used: _____
4. Is there an Accident/Medical Policy in place? ☐ Yes ☐ No
If Yes, what limits are carried (Per Accident)? _____
5. Are waivers signed by all participants? ☐ Yes ☐ No
6. How many participants are involved? _____
7. Is instruction provided by an employee or is it contracted? _____
If contracted, are Certificates of Insurance secured that confirms Additional Insured language in favor of the Applicant? ☐ Yes ☐ No

AIR SUPPORTED STRUCTURES (BUBBLE) ☐ N/A

1. Describe the type of structure and use: _____
2. Age of structure: _____

3. Is there a formal emergency plan to address adverse weather conditions? ☐ Yes ☐ No
4. Is the pressurization & maintenance of HVAC systems adequate with pressure alarms? ☐ Yes ☐ No
5. Is a back-up generator present and tested at least monthly? ☐ Yes ☐ No

CLIMBING WALLS ☐ N/A

1. Please attach the following documents for consideration and condition of coverage:

- ☐ Liability waiver/release (must be signed by all climbers) ☐ Photo of each wall
- ☐ Club operating procedures ☐ Belayer or qualification procedures
- ☐ Equipment inspection log ☐ Climbing wall employee training procedures

2. Please advise how many walls you have on the premises, heights and locations.

WALL NUMBER	MAXIMUM HEIGHT	LOCATED		ANNUAL RECEIPTS	COMPLIES TO LOCAL BUILDING CODES
		INSIDE	OUTSIDE		
1.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Please advise if there is a documented training program in place for staff that includes:

- a. Rules for the climbing walls ☐ Yes ☐ No
- b. Harness and ropes inspection ☐ Yes ☐ No
- c. Proper belay techniques ☐ Yes ☐ No
- d. Belay device failure or entrapment ☐ Yes ☐ No
- e. Set-up and take-down procedures ☐ Yes ☐ No
- f. Emergency take-down procedures ☐ Yes ☐ No
- g. Procedures for reporting problems ☐ Yes ☐ No

4. Please provide information on your access controls and procedures:

- a. What is your check-in procedure? _____
- b. What are age limits? _____ Is there a minimum age? ☐ Yes ☐ No
If Yes, what age? _____
- c. How is the access to wall controlled? _____
- d. How is climbing area monitored when in use? _____
- e. What is the instructor to climber ratio you require? _____
- f. Are spotters required? ☐ Yes ☐ No
If Yes, at what height? _____ (Feet)
- g. Is there any free climbing allowed? ☐ Yes ☐ No
If Yes, what restrictions are in place? _____

5. Please provide information on construction and maintenance of the walls

- a. How often is equipment inspected? _____
- b. What are the maintenance procedures and schedules for the walls and equipment?

- c. Do you record and keep all inspection and maintenance records? ☐ Yes ☐ No
- d. Is maintenance conducted by outside professional firm with proof of insurance? ☐ Yes ☐ No
- e. Is there a program in place to identify equipment (ropes, harnesses, etc.) that needs to be retired and replaced? ☐ Yes ☐ No
- f. Are the belay system anchors backed-up? ☐ Yes ☐ No

6. Please advise if the following is always present when the wall is being used.
- | | | |
|--|------------------------------|-----------------------------|
| a. First aid and emergency equipment onsite including AED's and phones | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Staff member who understands the safety rules and certified to belay on the wall | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Staff member who is certified in either Red Cross or National Safety Council First Aid and CPR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. A full-time staff member positioned to monitor the climbing wall and participants with a clear and unobstructed view. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
7. Do you ever rent out the facility? ☐ Yes ☐ No
- If Yes, provide details on waivers, supervision, how many times per year and to whom:
-
8. Do you have a portable wall? ☐ Yes ☐ No
- If Yes, describe the type and frequency of its off-premises use:
-

PANDEMIC AND COMMUNICABLE DISEASE

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
- a. Do your procedures address:
- | | | |
|---|------------------------------|-----------------------------|
| i. Staffing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Personal protective equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv. Client care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Vendors/visitors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi. Internal & external communication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii. Maintenance of premises and vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii. CDC guidelines and recommendations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
- a. If yes, please provide details. _____
-
-

COMMENTS

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named individual: _____ Title or position: _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance, or situation indicating the probability of a claim or legal action now known to any entity, official, or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative

_____ Date _____

PAGE 10



The Hanover Insurance Company
440 Lincoln Street, Worcester, MA 01653

hanover.com
The Agency Place (TAP)—<https://tap.hanover.com>

All products are underwritten by The Hanover Insurance Company or one of its insurance company subsidiaries or affiliates ("The Hanover"). Coverage may not be available in all jurisdictions and is subject to the company underwriting guidelines and the issued policy. This material is provided for informational purposes only and does not provide any coverage. For more information about The Hanover visit our website at www.hanover.com

©2020 The Hanover Insurance Group. All Rights Reserved.