

Covers community centers, recreation centers, YMCA-style facilities, and senior centers, including facility rentals. Complete with ACORD 125, 126, and 140.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	
Entity type: ☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation			
PRIMARY CONTACT / TITLE	PHONE	EMAIL	
OWNER / OPERATOR (NONPROFIT / MUNICIPAL / PRIVATE)	SQUARE FEET		

2 OPERATIONS

ANNUAL VISITS	YOUTH PROGRAM PARTICIPANTS	SENIOR PROGRAM PARTICIPANTS	OUTSIDE RENTALS PER YEAR
Programs and amenities (check all that apply): ☐ After-school / day camp ☐ Senior programs ☐ Pool ☐ Gym / fitness ☐ Sports leagues ☐ Meal programs ☐ Transportation ☐ Emergency shelter / cooling center			
2-1 Does the center rent space to outside groups for parties, events, or meetings? ☐ Yes ☐ No			
IF YES, EXPLAIN			
2-2 Does the center provide transportation for program participants? ☐ Yes ☐ No			
IF YES, EXPLAIN			
2-3 Is the center used as an emergency shelter or cooling or warming center? ☐ Yes ☐ No			
IF YES, EXPLAIN			

3 EXPOSURE & RISK QUESTIONS — YOUTH & SENIOR PROGRAMS, OUTSIDE USERS

Community centers run youth and senior programs while renting space to outside groups whose events they don't control. Youth protection, fall prevention for seniors, and requiring renters to carry their own insurance are the core defenses.

3-1 Are all staff and volunteers who work with minors criminal-background and sex-offender-registry checked before starting? ☐ Yes ☐ No	
IF YES, EXPLAIN	
3-2 Do staff complete abuse-prevention training (e.g., SafeSport or equivalent) before working with minors and yearly after? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-3 Is there a written policy banning unobserved one-on-one contact between adults and minors, including texting and social media? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-4 Are suspected abuse reports made to law enforcement and child protective services within 24 hours? ☐ Yes ☐ No	
IF YES, EXPLAIN	
3-5 Are children released only to parents or guardians listed on file? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-6 Are senior program areas checked for fall hazards? ☐ Yes ☐ No	
IF NO, EXPLAIN	
3-7 Are staff trained in fall response for senior participants? ☐ Yes ☐ No	
IF NO, EXPLAIN	

3-8 If yes to 2-1, must every renter sign a rental agreement with a hold-harmless clause? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 If yes to 2-1, must renters provide liability insurance naming the center (or buy event coverage)? ☐ Yes ☐ No
IF YES, EXPLAIN

3-10 If yes to 2-1, are renters' alcohol, bounce houses, and other high-risk activities restricted or approved in advance? ☐ Yes ☐ No
IF NO, EXPLAIN

3-11 Has anyone been seriously injured at a program or rental event, or made an abuse allegation? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — POOLS, TRANSPORT & SHELTER USE

4-1 Are pools staffed by certified lifeguards during all swim times? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 If yes to 2-2, are drivers' records checked yearly? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 If yes to 2-2, are vehicles insured on a commercial auto policy? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 If yes to 2-3, is there a written agreement with emergency management covering shelter operations and liability? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 Is an AED on site with CPR-certified staff during open hours? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL & RECEIPTS

TOTAL ANNUAL PAYROLL (\$) PROGRAM & MEMBERSHIP RECEIPTS (\$) RENTAL RECEIPTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS ABUSE & MOLESTATION LIMIT D&O (BOARD) (Y / N)

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are incident reports completed the same day? ☐ Yes ☐ No
IF YES, EXPLAIN

7-2 Is the facility inspected monthly for hazards, with repairs logged? ☐ Yes ☐ No
IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE