

Roush Insurance Services, Inc.

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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

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
3. Is are secured or unsecured? _____
Explain: _____

4. Is Skate Park monitored by an attendant?..... Yes No
If "yes," please explain: _____
-
5. Number of pipes over two feet in height: _____
Number of ramps over two feet in height: _____
Maximum height of pipes: _____ ramps: _____
Type of construction: Wooden: _____% Concrete: _____% Other: _____
 Permanent Portable
6. Has any law, ordinance or statute been passed giving skate park immunity to the insured? Yes No
If "yes," please explain: _____
-
7. a. Are there any vendor activities at the skate park? Yes No
If "yes," please describe (Rentals, Concessions, etc.): _____
-
- b. Is insurance verification required? Yes No
- c. If yes, what insurance limits are required? _____

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

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 Spa Beach/Ocean/Lake/River/Stream/Pond Reservoir
- b. Name and location of exposure: _____

2. In response to the Virginia Graeme Baker Pool and Spa Safety Act, please answer the following:
- What anti-entrapment safety devices have you utilized to respond to the Act? _____
 - How many pools and spas do you operate and/or maintain? _____
 - How many drains are in each of the pools and spas indicated above? _____
 - 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:
- Is swimming area roped or marked? Yes No
If "yes," explain area and type of marking: _____

 - Are lifeguards provided? Yes No
How many? _____ Hours on duty? _____ Certified? Yes No
 - Is boating permitted near the swimming area? Yes No
 - Is diving permitted? Yes No Supervised? Yes No
 - Depth of water? _____
Is swimming area checked for underground obstructions, etc.? Yes No
4. Describe maintenance and repair of facilities: _____

5. How many waterslides do you have? _____ How high are the slides? _____
- Number of curves in each slide? _____
Attendants at top? Yes No Bottom? Yes No
 - Attendance capacity? _____ Average daily attendance? _____
 - Are there minimum age and height requirements? Yes No
If yes, explain: _____
 - Explain additional controls and safety features: _____

 - Days and hours of operation: _____
 - What controls, if any, are used to eliminate or discourage after hour accessibility? _____

G. PIERS/MARINAS/WHARVES/DOCKS EXPOSURE

- Type of facility: Pier Marina Wharf Dock
- Square footage: _____ What body of water? _____
- Describe use: _____
- Are there any gasoline pumps (if marina)? Yes No
If "yes," describe controls: _____
- Are boats allowed to dock overnight? Yes No Number of slips available: _____
- What are annual fees? _____
- Are there any power lifts? Yes No
- 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? \$ _____