



GENERAL LIABILITY SUPPLEMENTAL APPLICATION (ALL)

Name of Entity: _____

1. **Is there a formal written safety program in place?** Yes No

If so, does it include:

- Building maintenance and upkeep? Yes No
- A mop-up program with rules governing wet floor safety? Yes No
- A safety committee with authority to enforce safety rules and regulations? Yes No
- An Employee Handbook to be distributed to all employees? Yes No
- Are they required to read it and sign an acknowledgment to the effect? Yes No
- A designated person responsible for safety management? Yes No

Name & Title? _____

Percentage of time devoted to safety program/management? _____

2. **Is there a written policy regarding:**

- Sexual Harassment Yes No
- Employee Hiring Yes No
- Employee Screening* Yes No *(to include criminal background check and HIV screening)
- Employee Dismissal Yes No
- Drug Free Workplace Yes No
- Foreign Travel Yes No
- Certificates of Insurance Yes No

3. **Please provide total number of employees if you would like for your GL Quote to include Employees Benefits**

Liability: _____

Please complete page 2 (Schools) OR (All Except Schools) which ever is applicable.

Attach ACCORD126s (General Liability Application)

Currently valued, detailed company loss runs for the current year plus 3 prior years.

GENERAL LIABILITY SUPPLEMENTAL APPLICATION (SCHOOLS)

4. **With regard to athletics, complete the following:**

- Please circle all sports that are offered, and identify any sports offered which are not listed below.

<u>Football</u>	Volleyball	Soccer	Sailing	Skiing
<u>Baseball/Softball</u>	Cheerleader	Golf	Bowling	Archery
Basketball	Gymnastics	Tennis	Hockey	Martial Arts
Track	Swimming*	Weightlifting	Javelin	
Cross Country	Diving- # of boards _____	Wrestling	Boxing	

***Does the district have pools with public access?**

Yes No

- Are medical examinations required to determine athlete's suitability for participation in contact and endurance sports? **Yes** **No**
- Are release forms required? **Yes** **No**
- Are any trampolines, or similar equipment used? **Yes** **No**
- What is the construction and age of seating, bleachers or grandstands? _____
- Does the district rent out its stadiums, pools, gyms or auditoriums? **Yes** **No**
 Do they require Certificates of Insurance? **Yes** **No**
 If so, at what limits: _____

5. **If Fund Member is a school district advise the following:**

- Number of students at High School level: _____
- Number of students-all other levels: _____
- Number of nurses employed: _____
- Receipts from operation of stadium: _____
- Number of grandstands or bleachers: _____

6. **Describe in detail any and all security guard operations for this entity.** (Are they employees, contracted personnel, licensed peace officers, licensed security guards, trained by whom, use what type of protective devices, cars provided, if contracted are Certificates of Insurance obtained?, etc.)

7. **Does the district operate a day care facility?**

Yes **No**

- If so, is the facility licensed? **Yes** **No**
- Is it opened to the general public? **Yes** **No**

If not, what are the qualifications for attendance: _____

- Hours of operation: _____
- How are staff members hired and evaluated? _____
 Are references and criminal background checks completed? **Yes** **No**