



CARRIER:

# Youth Programming and Community Centers — Nonprofit Social Services Supplemental Application

BIG BROTHERS, BIG SISTERS, COMMUNITY CENTERS, YOUTH COMMUNITY CENTERS AND YOUTH PROGRAMS

1. Provide a complete list of all activities on- and off-premises: \_\_\_\_\_  
\_\_\_\_\_
2. Are all participants in organized sporting activities required to be covered by an Accident and Health policy?  Yes  No
3. Are security procedures in place to prohibit unauthorized persons from accessing children and programs?  Yes  No
4. Are waivers of liability obtained (signed by parents/legal guardians) for all participants?  Yes  No
5. Does the organization facilitate health screenings?  Yes  No
  - a. Do recipients of health screenings and other medical services sign waivers of liability holding the organization harmless?  Yes  No
  - b. Do contracted physicians and nurses provide certificates of their medical professional liability coverage?  Yes  No
6. Is a formal procedure in place to report accidents or incidents involving participants?  Yes  No
7. Is overnight or residential housing provided?  Yes  No
8. Is the primary focus of the organization to provide service to children with special needs?  Yes  No
9. Are any adult or child care services provided (full or part time)?  Yes  No
10. If space is leased to other organizations, are certificates of insurance required?  Yes  No
11. Are there more than 300 mentors or volunteers?  Yes  No
12. Are there any adoption or foster care services provided?  Yes  No
13. Is there a pool on the premises?  Yes  No
14. Does this organization provide crime-prevention or gang-prevention services or activities for at-risk youth?  Yes  No

### Abuse and Molestation Coverage

15. Occurrence limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
16. Is there any off-site one-on-one interaction between staff and youth?  Yes  No
  17. Are background checks, including sex-related and child abuse claims, required on all employees and volunteers?  Yes  No
  18. Is there a formal orientation program for employees/volunteers that includes a review of the organization's sexual abuse policy?  Yes  No
  19. Is there a formal procedure in place to monitor and document interactions between employees/volunteers and clients?  Yes  No

### Overnight Trip, Activity or Event N/A

20. Details regarding trip(s): \_\_\_\_\_
21. Are permission and waiver agreements (signed by the parents/legal guardians) obtained for all participants specifically for any overnight trips?  Yes  No
  22. Average number of children per trip: \_\_\_\_\_
  23. Total number of trips annually: \_\_\_\_\_
  24. Average number of nights per trip: \_\_\_\_\_
  25. Is the adult attendee-to-child ratio at least 1:8?  Yes  No
  26. Are all children with special medical needs or mental disabilities accompanied by a parent/guardian?  Yes  No
  27. Are the following rules of conduct and procedures clearly established, communicated and strictly enforced with all children, their parents and adult attendees?
    - a. Sleeping quarters locked at all times and randomly checked by at least two adult chaperones to ensure proper conduct overnight  Yes  No
    - b. Each room occupied by at least two minors of similar age  Yes  No
    - c. No co-ed accommodations  Yes  No
  28. Are alcohol and controlled substances prohibited?  Yes  No

