One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

A Member of the Tokio Marine Group

ADULT DAY CARE PROGRAM SUPPLEMENTAL

Named Insured: Location Address:

E-mail: Web Address:

Risk Management Contact: Risk Management's Phone:

Risk Management Email:

REQUIREMENTS FOR SUBMISSION

- Completed and signed/dated PHLY Adult Day Care Supplemental Application
- Completed ACORD Application
- Copy of current Adult Day Care license(s)
- Brochures, pamphlets and/or other advertising materials
- Currently valued insurance company loss runs for the current policy period plus three prior years

SECTION I - GENERAL APPLICATION INFORMATION

1.	This adult day care center is locate	d in which type of	building?			
	Commercial	Church	School			
	Other (describe):		Private Home (NOT Eligible)		
2.	The neighborhood is primarily:					
	Commercial / Industry	Residential	Urban / City	Country / Farming		
3.	Hours of operation:					
4.	Any overnight stays?				Yes	No
5.	Number of successful years in bus	ness under the sa	me management:			
6.	Indicate if a file containing the follo	wing information is	maintained on each	client:		
	a. Are there records for each clie	ent indicating unus	ual conditions the clie	ent has?	Yes	No
	 b. Are signed releases for emergence 	jency medical trea	tment/dispensing of r	medication obtained from		
	guardians?				Yes	No
	c. Are written instructions from c	lient's physicians f	or dispensing of clien	it's medication?	Yes	No
7.	Is food properly covered, stored an	d served in accord	lance with applicable	government		
	requirements?				Yes	No
Lice	nsing:					
1.	Is the adult day care center license	d?			Yes	No
	If yes: License #:		te of license:	License Capacity	:	
2.	If licensing is NOT state required, v	vhy is it exempt?		, ,		
3.	Has a license to operate ever been	denied, suspende	ed or revoked?		Yes	No
	If yes, attach a separate full explan	ation.				
4.	Does Applicant provide transportat	ion?			Yes	No
5.	Has the Applicant ever received an	y citations or warr	ings issued by any st	tate or governmental	Yes	No
	entity?		- ·	-		

Type of [Day Care:	# of Total Clients Served	% of services
Type I:	Adult day social care provides social care and social activities such as meals, recreation and some basic health-related services such as having a nurse on staff to check pressure (Light exposures).		%
Type II:	Adult day health care offers more intensive health, therapeutic, and social services for individuals with moderate to severe medical and cognitive problems including an incidental exposure (up to 25%) of clients with Alzheimer's. Activities within this category also include social activities for clients that require more intense health, therapeutic and medical care. (Moderate to heavy exposures)		%
Type III:	Alzheimer's specific adult day care provides social and health services to persons with Alzheimer's or related dementia. The predominant exposure in this category are clients with this diagnosis or organizations that have an Alzheimer's or related dementia exposure greater than an incidental as outlined within the Type II description.		%

For Type II and III, please outline the types of medical services provided:

	SECTION II – MANAGEMENT PRACTICES		
1.	Does Applicant have sign in / out procedures for: Staff? Yes No Clients/Residents? Yes No Visitors/Public?	Yes	No
2.	Type of security provided for the protection of your clients / residents? Guards Video Cameras Other:		
3.	What measures are taken to monitor client activities?		
4.	Describe the procedures currently in place, which prevents the clients from wondering off or outside the premises?		
5.	What precautions do you take to prevent non-staff members from accessing unauthorized areas of the property?		
6.	Do you have incident reporting procedures and / or committee reviews?	Yes	No
7.	Do you have a plan for medical emergencies?	Yes	No
8.	Is there always someone trained in CPR and first aid on the premises?	Yes	No
9. 10.	Do you have Automatic External Defibrillator(s)? Are staff members trained to use it?	Yes Yes	No No
11.	Do you have a written and enforced no smoking policy?	Yes	No
12.	Are "no smoking" signs posted in all areas not designated from smoking?	Yes	No
	SECTION III – PROFESSIONAL LIABILITY		
1.	Does the Applicant require their staff (paid & volunteer) to complete an employment application? If no, please explain:	Yes	No
2.	Does the Applicant conduct a personal interview for each prospective staff member?	Yes	No
3.	Does the Applicant verify employment related references?	Yes	No
4.	Does the Applicant verify licenses and other credentials?	Yes	No
5.	What action does the Applicant take if any report is considered unfavorable?		
6.	Does the Applicant share written job descriptions with all staff members?	Yes	No
7.	Name of executive director / manager: Number of years experience in this field: Specialized training or education: Number of years at this facility:		
8.	What is the staff turnover rate for the last twelve (12) months?		
9.	Does the Applicant provide workers compensation for: All staff members Workshop Employees Contractors Consultants		
10.	Is the staff required to report to the administrator all incidences that may result in a claim?	Yes Yes	No
11	If yes, is a written report kept? Yes No Are they reviewed? Are clients referred to specialists when appropriate?	Yes	No No
12.	Are files maintained to protect confidentiality of clients?	Yes	No
13.	Does the Applicant do any consulting work? If yes, please explain:	Yes	No

14.	Does the Applicant's current insurance program provide professional liability cov				iability coverage?	Yes	No
	If yes:	Occurrence	Claims Made -	Retroactive date:	Limits: \$		

Carrier: Effective dates:

15. Physicians and Psychiatrists

Name:	Dr.		Dr.		Dr.	
Specialty:						
Board certified or eligible:						
Years in practice:						
License Number:						
Hours per week for Applicant:						
Employed or Contracted?						
Does each individual carry his / her own malpractice insurance?	Yes	No	Yes	No	Yes	No
If yes, does coverage include acts while working for center?	Yes	No	Yes	No	Yes	No
If yes, does coverage include contingent						
coverage for center?	Yes	No	Yes	No	Yes	No
Any claims past five (5) years?	Yes	No	Yes	No	Yes	No

16. Annual Staffing – Employees, Independent Contractors and Volunteers
Total number of: Full Time Employees: Part Time Employees: Volunteers:

Ctattin -	# of Employees		# of Co	ntracted	Total Annual Volunteer	
Staffing	FT	PT	FT	PT	Hours Worked	
Psychologist						
Medical Director (Admin Only)						
Nurse Practitioner						
Physician Assistant						
Pharmacist						
Paramedic EMT						
Psychiatrist						
Physician-Hospice						
Pediatrician						
Physician-No Surgery						
Dentist						
Optometrists/Ophthalmologist						
Licensed Social Worker						
Sociologist						
Registered Nurse (RN)						
Licensed Practical Nurse (LPN)						
Physical Therapist						
Optician						
Orthotics & Prosthetics (O&P)						
Certified Practitioner						
Counselor (Guidance, Vocational)						
Social Worker						
Occupational Therapist						
Speech Therapist						
Clergy / Rabbi / Pastor						
O&P Certified Technician						
Teacher						
Nutritionist / Dietician						
Residential Manager						
Home Health Aide						
Day Care Worker						
O&P Certified Fitter						
O&P Certified Assistant						
Adoptions						
Foster Care						
*Other (describe):						
*Other (describe):						

F/T = Full Time – over 20 hours per week/ P/T = Part Time – up to 20 hours per week.
*Please describe "other" etalf positions not listed in the above chart in the provided area.

^{*}Please describe "other" staff positions not listed in the above chart in the provided area.

- 17. If the Applicant is requesting primary medical professional coverage for any of above noted Physicians, Psychiatrists, Dentists or Opticians, the Applicant must submit a completed and signed Medical Professional application. Coverage for such professional is subject to Underwriting review and approval.
- 18. If the above noted employed or volunteer Physicians, Psychiatrists, Dentists or Opticians carry their own medical malpractice insurance, we may provide vicarious medical professional coverage for the entity as respects to the professional services rendered on the insured's behalf. Coverage for the entity will require the following: The Professional's name, medical license number, medical specialty and proof that the professional carries adequate limits of insurance (at least \$1million limit of liability). Proof of insurance may be satisfied by submitting a copy of the professional's declaration page and/or certificate of insurance.
- 19. Consultant / Independent Contractors

Are there written agreements with independent contractors?

Are certificates of malpractice / professional liability insurance obtained and maintained for all contracted service providers (independent contractors)?

Yes

No
Please indicate the limits of liability: \$

20. Based on the **maximum number** of clients enrolled on your **busiest** day, enter the numbers of staff and clients in each of the following categories:

TYPE OF ADULT DAY CARE	# OF CARE	PROVIDERS	# OF CLIENTS
TIPE OF ADULT DAT CARE	MALE	FEMALE	
TYPE I			
TYPE II			
TYPE III			

(The ratios of staff-to-client must be at least the state required ratio)

- 21. Are any **staff** less than 18 years old? (Indicate specific duties for each on a separate document.)
- 22. Does the Applicant use any volunteers?

 Yes No
- (Indicate specific duties for each on a separate document.)

 23. Is a minimum of one staff member certified in First Aid present at all times?

 Yes No
- 24. Is a minimum of one staff member certified in CPR present at all times?

 Yes No

SECTION IV - HIRING / SCREENING

- 1. Are employees screened to rule out drug, alcohol and sexual abuse?
- 2. Check all methods used in hiring all employees or independent contractors:
 - Drug Testing? Criminal Background Checks Federal Criminal Background Checks State Reference Checks Personal Interview Sexual Abuse Registry Validate Driver's License

Validate Work History Validate Education Verify Current Certification / Professional License

Validate Personal Auto Insurance and Limits (if operating owned vehicle during company hours)

3. How are references checked: Written Verbal Both

 How are references checked: Written Verbal Both If verbal only, please explain:

4. Are all of the above methods done prior to binding? If no, please explain:

ods done prior to binding?

Yes No

Yes

No

No

	SECTION V – SEXUAL ABUSE		N/A
1.	Does the Applicant's current insurance program include Abuse and Molestation Coverage? If yes, Occurrence or Claims Made – Retro Date: Limit of Liability: \$ Carrier: Effective Date:	Yes	No
2.	Does the Applicant's employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer		
	of employment is made?	Yes	No
3.	Does the Applicant have a written crisis plan in place for dealing with employees, victims, parents,		
	authorities, and the media if the Applicant has incident of abuse?	Yes	No
4.	Are there written complaint procedures and are they displayed prominently? If yes, explain:	Yes	No
5.	Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both		
	on and off premises?	Yes	No
6.	Are formal written procedures in place for hiring?	Yes	No
7.	Do volunteers work directly with clients?	Yes	No
8.	Is there formal staff training on child/sexual abuse, including how to recognize the signs?	Yes	No
9.	What procedures are in place to make sure no relationship occurs between staff and clients?		
10.	Are there procedures prohibiting closed door one-on-one meetings / counseling?	Yes	No
11.	Is there more than one person responsible for the welfare of any single patient?	Yes	No
Adult I	Day Care Supplemental Page 4 of 12		07/2023

12.	Have any incidents resulted in an allegation of sexual abuse?	Yes	No
12.	Was the case settled? Yes No Was the case taken to trial?	Yes	No
13.	Amount paid for damages to the victim: \$ Does the Applicant run criminal background checks on employees?	Yes	No
13. 14.	Does the Applicant run criminal background checks on volunteers?	Yes	No
17.	SECTION VI – PREMISES / LIFE SAFETY	100	110
1		Yes	No
1.	If the building you occupy was built prior to 1971; has it been inspected for lead paint? If no, what is the plan for abatement?	168	INO
2.	Door the property have aluminum wiring?	Yes	No
۷.	Does the property have aluminum wiring? If yes, has it been retrofitted with one of the PHLY approved connectors by a licensed Electrician?	165	INO
	(indicate which one): COPALUM? Yes No AlumiConn?	Yes	No
	Date updated: Please supply retrofit documentation or statement from installing		_
3.	Have asbestos material been:		
	determined <u>not</u> to be present removed or protected to prevent flaking?		
4.	Do you have any plans for renovations or new construction?	Yes	No
5.	Does the Applicant's center exit directly to the outside?	Yes	No
•	To ground level?	Yes	No
6.	Are there any non-ambulatory clients?	Yes	No
7.	If yes, how many? Any located above the first floor? Please indicate which of the following fire suppression devised are currently in use and in effect:	Yes	No
1.	Automatic Sprinkler System Central Station Fire Alarm System Smoke Detectors		
	Manual Pull Fire Alarms Fire Extinguishers Other:		
8.	How many means of egress are there?		
	Are all exits clearly marked & illuminated?	Yes	No
9.	Are all exit doors equipped with panic hardware?	Yes	No
10.	Is there a fire escape?	Yes	No
	If yes, please describe:		
11.	Do you have a written emergency evacuation plan?	Yes	No
	If yes, are the emergency evacuations procedures and floor plan posted?	Yes	No
	Have you established a central meeting point outside the building?	Yes Yes	No
	Does the emergency plan include notification to the fire department? How often are drills held?	165	No
12.	Do you have emergency lighting or backup generators in the event of a power failure?	Yes	No
13.	Do you have a formal maintenance housekeeping program in place?	Yes	No
14.	Do you own or rent a parking facility?	Yes	No
	If yes, are they well lit?	Yes	No
15.	Is the hot water heater set to a temperature of 120 degrees?	Yes	No
46	Do you have an equipment maintenance program in place?	Yes	No
16.	Has your facility been inspected by an insurance company or independent inspection firm? If yes, by whom?	Yes	No
	On a separate sheet, please list any deficiencies and corrective actions in the past three (3) years:		
17.	Does the Applicant comply with board of health regulations and with building codes?	Yes	No
18.	Are medical facilities, such as a first aid or nurse's station located on the premise?	Yes	No
19.	Please indicate the dates of the latest updates regarding the following common hazards:		
-	Electrical/Wiring: Plumbing: Heating:		
	Type of Heating: Type of Roof: Age of Roof:		

SECTION VII - CLAIMS MADE

N/A

Notice: This section is being completed as an application for a Claims-Made policy. Only claims which are first made against the Applicant and reported to us during the policy period or Extended Reporting Period will be covered, subject to policy provisions. Various provisions in the policy restrict coverage. Read the entire policy carefully to determine the Applicant's rights, duties and what is and is not covered.

N/A (Please proceed to signature section)

Policy Effective Date:

Line of Business:

1. Within the past 5 (five) years has the Applicant given written notice under the provisions of any current or prior policy providing similar insurance of any claim or of any specific facts or circumstances which might give rise to a claim being made against the Applicant? If yes, please provide details:

Yes No

2. With respect to the coverages applied for, upon inquiry of any of person qualifying as a Named Insured under the proposed policy, are there any facts, circumstances, or situations which might give rise to a claim under the coverage(s) for which the Applicant is applying? If yes, please provide details:

Yes No

	SECTION VIII - AUTOMOBILE		
Own	ed Automobiles		
1.	Are all vehicles listed on the ACORD application titled to the Applicant? If no, please explain:	Yes	No
2.	Where does the Applicant keep their own vehicles?		
2	Garage Driveway Parking Lot Other:	Vaa	Nia
3.	Are keys locked and secured away from non-drivers when not in use? Are vehicles with eight or more secting conseits equipped with an audite backup warning device?	Yes Yes	No No
4. 5.	Are vehicles with eight or more seating capacity equipped with an audile backup warning device? Does the Applicant provide transportation for:	168	INO
0.	Staff Clients / Residents Visitors / Public Meals		
	If yes for clients / residents, is more than one staff member required in the vehicle? If yes for meals, what precautions do you take to prevent food spoilage?	Yes	No
6.	Does the Applicant transport clients / residents for other human services agencies? If yes, please explain:	Yes	No
7.	Does the Applicant provide transportation for field trips? If the Applicant does not provide transportation, how is it provided?	Yes	No
	If vehicles are hired for field trips, are they hired with a driver?	Yes	No
8.	Does the Applicant's employees / volunteers transport clients in their own vehicles? If yes, how often?	Yes	No
9.	Are vehicles checked after passengers disembark to make sure no one is left behind?	Yes	No
10.	Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and		
	passenger?	Yes	No
11.	Does the Applicant require seat belts to be worn by all occupants?	Yes	No
12.	Does the Applicant have a vehicle maintenance program in place?	Yes	No
13.	Does the Applicant's organization utilize GPS fleet telematics devices? If yes, please check off the fleet telematics being utilized:	Yes	No
14.	Plug in Hard wired Mobile Phone Other: What percentage of the Applicant's fleet is provided with these fleet telematics devices?	, n	

Does the Applicant obtain Certificates of Insurance? \$ Yes No What minimum limits does the Applicant require? \$ Yes No II yes, with drivers? Yes No II yes, with drivers? Annual cost of hire: \$ Yes No II yes, with drivers? Annual cost of hire: \$ Yes No II yes, with drivers? Annual cost of hire: \$ Yes No II yes, with drivers? Annual cost of hire: \$ Yes No II yes, with drivers? Yes No II yes, with drivers? Annual cost of hire: \$ Yes No II yes, with drivers? Yes No II yes, with drivers? Yes No II yes, with drivers? Yes No II yes, how many drive personal vehicles for business use regularly? Fr. P/T: Vol: Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Yes No Does the Applicant update these records at least yearly? Yes No Yes No II yes have a policant obtain a written authorization to release driver information from all of the Applicant staff upon hiring? Yes No II yes, how often? Yes No II yes, please explain: Yes No II yes, what is the height? Yes No II yes, what is the please explain than Yes Yes No	Hired 1.	d and Non-Owned Does the Applicant hire vehicles? If yes, what type of vehicles does the Applicant hire?	Yes	N/A No
2. Does the Applicant hire from a transportation company? If yes, with drivers? 3. Total number of hired vehicles: Annual cost of hire: How many drive personal vehicles for business use regularly? How many drive personal vehicles for business use regularly? F/T: P/T: Vol: Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Ves No Does the Applicant update these records at least yearly? What minimum limits does Applicant require? NA Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? No If yes, how often? Wes No If yes, how often? If yes, pow often? Is training provided for new employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clents in agency vehicles? Is training provided for new employees / volunteers prior to their transporting clients? If yes, please explain: Section IX – Swimming for the Applicant's vehicles? If yes, please explain: Section IX – Swimming for yes how many? During what hours? If yes, by whom and for what reasons? Section IX – Swimming hat hours? If yes, by whom and for what reasons? Section IX – Swimming hat hours? If yes, by whom and for what reasons? Pool location: Indoor Outdoor If yes, what is the height? Pool location: Indoor Outdoor If yes, what is the height? Pool location: Indoor Outdoor If yes what is the height? Pool location: Indoor Outdoor Section IX – Swimming for yes how now now now fisk' signs posted with pool rules? Yes No Do the pool comp			Yes	No
If yes, with drivers? 3. Total number of hired vehicles: 4. How many drive personal vehicles for business use regularly? 5. Fit: 6. How many drive personal vehicles for business use occasionally? 6. Fit: 7. P/T: 8. No Does the Applicant update these records at least yearly? What minimum limits does Applicant require? 8. No Does the Applicant obtain a written authorization to release driver information from all of the Applicant staff upon hiring? Does the Applicant obtain a written authorization to release driver information from all of the Applicant staff upon hiring? Does the Applicant obtain MYRs on all drivers? 1. Does the Applicant obtain MYRs on all drivers? 2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Lies there a training lifeguard on duty? 10. If yes, how many? 11. Is there a training lifeguard on duty? 12. The pool area includes: 13. Just the pool completely fences with a self-locking gate? 14. Pool location: 15. Is there a diving board? 16. Yes No 17. Is the pool completely fences with a self-locking gate? 18. Water a diving board? 19. Ves No 19. If yes, what is the height? 19. Are all areas of the pool, including the bottom, visible at all times? 19. Are all areas of the pool, including the bottom, visible at all t	2.		Yes	No
4. How many drive personal vehicles for business use regularly? FIT: PIT: Vol: How many drive personal vehicles for business use cocasionally? FIT: PIT: Vol: Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Yes No Does the Applicant update these records at least yearly? Yes No What minimum limits does Applicant require? S Privers 1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Does the Applicant obtain MVRs on all drivers? Yes No Does the Applicant obtain MVRs on all drivers? 2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 1. Is there a training lifeguard on duty? 2. The pool area includes: 3. Jacuzzi Whiripool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 4. Pool location: Outdoor 5. Is there a diving board? 6. If yes, what is the height? 6. Are depths clearly marked? 7. Ves No 8. It is the saving equipment readily accessible? 8. No 9. Is the saving surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 9. Yes No 11. Are 'swim at your own risk' signs posted with pool rules? 9. Yes No 12. The pool completely ences with a self-locking pate? 13. Is the pool completely enc		If yes, with drivers?	Yes	No
How many drive personal vehicles for business use occasionally? F/T: P/T: Vol: Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Yes No What minimum limits does Applicant require? \$ Drivers N/A 1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Yes No Does the Applicant butain a written authorization to release driver information from all of the Applicants staff upon hiring? Yes No Does the Applicant obtain MVRs on all drivers? If yes, how often? 2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 2. The pool area includes: 3. Jacuzzi Whiripool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 4. Pool location: Indoor Outdoor 5. Is there a diving board? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. No 11. Is life saving equipment readily accessible? 8. No 12. Is the pool completely fences with a self-locking gate? 9. No 13. Is the pool completely fences with a self-locking gate? 14. Pool location: Indoor Outdoor 15. Is there a diving board? 16. Are depths clearly marked? 17. Is the saving equipment readily accessible? 18. Is waiting surface around the poo		·		
Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos? Yes No Does the Applicant update these records at least yearly? Does the Applicant botain a written authorization to release driver information from all of the Applicants staff upon hiring? Does the Applicant obtain MVRs on all drivers? If yes, how often? Are all drivers at least twenty-one (21) years of age? What are the Applicant's procedures for dealing with driver accidents or violations? Are all drivers at least twenty-one (21) years of age? What are the Applicant's procedures for dealing with driver accidents or violations? Are all drivers at least twenty-one (21) years of age? How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? Do any drivers have a Commercial Driver's License (CDL)? Is training provided for new employees / volunteers prior to their transporting clients? Is training provided for new employees / volunteers prior to their transporting clients? Fee No If yes, please explain: Does anyone besides employees or volunteers drive Applicant's vehicles? Pos It yes, please explain: SECTION IX – SWIMMING POOLS The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Is there a training lifeguard on duty? If yes, how many? During what hours? Pool location: Indoor Jess, No If yes, what is the height? Pool location: Indoor Section IX – SWIMMING POOLS The pool conditely fences with a self-locking gate? Yes No If yes, what is the height? Pool location: Indoor Sis there a diving board? Yes No If yes, what is the height? Are depth's clearly marked? Yes No Is the saving equipment readily accessible? Is waiting surface around the pool non-skid and in good condition? Yes No To be pool, including the bottom, visible at all times? Yes No Do the population and to taken safety?	4.			
What minimum limits does Applicant require? \$ N/A			Yes	No
1. Does the Applicant obtain a written authorization to release driver information from all of the Applicants staff upon hiring? Yes No Does the Applicant obtain MVRs on all drivers? Yes No If yes, how often? 2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? Yes No How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? Yes No Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? Yes No If yes, please explain: 8. Does anyone besides employees or volunteers drive Applicant's vehicles? Yes No If yes, please explain: 9. Does the Applicant allow personal use of the Applicant's agency vehicles? Yes No If yes, by whom and for what reasons? 8. Ection IX – Swimming Pools 9. Does the Applicant allow personal use of the Applicant's agency vehicles? Yes No If yes, how many? 1. Is there a training lifeguard on duty? Yes No If yes, how many? 2. The pool area includes: 3. Jacuzzi Whiripool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 4. Pool location: Indoor Outdoor 5. Is there a diving board? Yes No If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? Yes No If yes what is the height? 6. Are depths clearly marked? 7. Yes No Is If saving equipment readily accessible? 8. Is alking surface around the pool non-skid and in good condition? 9. Yes No No If yes what is the height? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Yes No Do the posted rules meet state and local regulations?			Yes	No
Applicants staff upon hiring? Does the Applicant obtain MVRs on all drivers? If yes, how often? 2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency wehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's wehicles? 9. Does the Applicant allow personal use of the Applicant's wehicles? 9. Does the Applicant allow personal use of the Applicant's wehicles? 9. Does the Applicant allow personal use of the Applicant's wehicles? 9. Does anyone besides employees 9. Ves No If yes, by whom and for what reasons? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Pool location: Indoor Outdoor 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate	Drive	ers		N/A
Does the Applicant obtain MVRs on all drivers? If yes, how often? What are the Applicant's procedures for dealing with driver accidents or violations? Are all drivers at least twenty-one (21) years of age? How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? Do any drivers have a Commercial Driver's License (CDL)? Explain the Applicant's driver safety program: Yes No Explain the Applicant's driver safety program: No If yes, please explain: No If yes, please explain: Does anyone besides employees or volunteers drive Applicant's vehicles? Yes No If yes, please explain: Does the Applicant allow personal use of the Applicant's agency vehicles? Yes No If yes, by whom and for what reasons? Section IX – Swimming Pools N/A Is there a training lifeguard on duty? If yes, how many? During what hours? The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Section: Indoor Outdoor Is Is the pool completely fences with a self-locking gate? If yes, what is the height? Pool location: Indoor Outdoor Is Is there a diving board? Yes No If yes kaving equipment readily accessible? Yes No Is If saving equipment readily accessible? Yes No Is the saving equipment readily accessible? Yes No Is the saving equipment readily accessible? Yes No Is the posted rulee meet state and local regulations? Yes No Do the posted rulee meet state and local regulations? Yes No Do the posted rulee meet state and local regulations? Yes No	1.			
If yes, how often? What are the Applicant's procedures for dealing with driver accidents or violations? Are all drivers at least twenty-one (21) years of age? How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? Do any drivers have a Commercial Driver's License (CDL)? Yes No Explain the Applicant's driver safety program: The training provided for new employees / volunteers prior to their transporting clients? Yes No If yes, please explain: Poses anyone besides employees or volunteers drive Applicant's vehicles? Yes No If yes, please explain: Section IX – SWIMMING POOLS Is there a training lifeguard on duty? If yes, how many? During what hours? The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Is there a diving board? Pool location: Indoor Outdoor Is there a diving board? Yes No If yes, what is the height? Are depths clearly marked? Yes No Is less aving equipment readily accessible? Is less aving equipment readily accessible? Is less that frained in water safety? Yes No Is less that frained in water safety? Yes No In Are 'swim at your own risk' signs posted with pool rules? Yes No Do the posted rules meet state				
2. What are the Applicant's procedures for dealing with driver accidents or violations? 3. Are all drivers at least twenty-one (21) years of age? 4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Ves No If yes, by whom and for what reasons? 8. ECTION IX – SWIMMING POOLS 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. The pool area includes: 1. Jacuzzi Whiripool Hot Tub Spa Kiddie Pool Water Slide Trampoline 2. Is the pool completely fences with a self-locking gate? 2. If yes, what is the height? 2. Pool location: Indoor Outdoor 3. Is the rea diving board? 4. Pool location: Indoor Outdoor 5. Is there a diving board? 6. Are depths clearly marked? 7. Yes No 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 9. Yes No 11. Are 'swim at your own risk' signs posted with pool rules? 9. Yes No 12. Do the posted rules meet state and local regulations? 9. Yes No 13. Do the posted rules meet state and local regulations? 9. Yes No 14. Do the posted rules meet state and local regulations? 9. Yes No 15. Do the posted rules meet state and local regulations? 9. Yes No 16. Do the posted rules meet state and local regulations? 9. Yes No			Yes	NO
4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Is there a training lifeguard on duty? 1. Is the pool area includes: 1. Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 1. Is the pool congletely fences with a self-locking gate? 1. Is there a diving board? 2. Pool location: Indoor Outdoor 3. Is there a diving board? 4. Pool location: Indoor Outdoor 5. Is there a diving board? 6. Are depths clearly marked? 7. Yes No 8. Is walking surface around the pool non-skid and in good condition? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Yes No 13. Other posted rules meet state and local regulations?	2.			
4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Is there a training lifeguard on duty? 1. Is the pool area includes: 1. Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 1. Is the pool congletely fences with a self-locking gate? 1. Is there a diving board? 2. Pool location: Indoor Outdoor 3. Is there a diving board? 4. Pool location: Indoor Outdoor 5. Is there a diving board? 6. Are depths clearly marked? 7. Yes No 8. Is walking surface around the pool non-skid and in good condition? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Yes No 13. Other posted rules meet state and local regulations?				
4. How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport clients in agency vehicles? 5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Is there a training lifeguard on duty? 1. Is the pool area includes: 1. Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? 1. Is the pool congletely fences with a self-locking gate? 1. Is there a diving board? 2. Pool location: Indoor Outdoor 3. Is there a diving board? 4. Pool location: Indoor Outdoor 5. Is there a diving board? 6. Are depths clearly marked? 7. Yes No 8. Is walking surface around the pool non-skid and in good condition? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Yes No 13. Other posted rules meet state and local regulations?	3.	Are all drivers at least twenty-one (21) years of age?	Yes	No
5. Do any drivers have a Commercial Driver's License (CDL)? 6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Ves No If yes, by whom and for what reasons? 8. Is there a training lifeguard on duty? 9. During what hours? 1. Is there a training lifeguard on duty? 2. The pool area includes: 3. Is the pool completely fences with a self-locking gate? 3. Is the pool completely fences with a self-locking gate? 4. Pool location: 5. Is there a diving board? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 10. Yes No 11. Are "swim at your own risk" signs posted with pool rules? 11. Yes No 12. Other posted rules meet state and local regulations? 13. Is the saving acquipment readily accessible? 14. Pool hopsted rules meet state and local regulations? 15. Is the saving acquipment readily accessible? 16. Are "swim at your own risk" signs posted with pool rules? 17. Yes No 18. Do the posted rules meet state and local regulations? 18. Yes No 19. Do the posted rules meet state and local regulations?		How many drivers (employees and volunteers) aged twenty-one (21) to twenty-five (25) transport		
6. Explain the Applicant's driver safety program: 7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 8. No If yes, please explain: 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 8. No If yes, by whom and for what reasons? 9. During what hours? 9. During what hours? 9. The pool area includes: 9. Jacuzzi Whiripool Hot Tub Spa Kiddie Pool Water Slide Trampoline 1. Is the pool completely fences with a self-locking gate? 1. If yes, what is the height? 1. Pool location: Indoor Outdoor 1. Is there a diving board? 1. If yes, what is the height? 1. Are depths clearly marked? 1. Is life saving equipment readily accessible? 1. Is life saving equipment readily accessible? 1. Is the staff trained in water safety? 1. Yes No 1. Are all areas of the pool, including the bottom, visible at all times? 1. Yes No 1. Do the posted rules meet state and local regulations? 1. Yes No 1. Do the posted rules meet state and local regulations? 1. Yes No 1. Do the posted rules meet state and local regulations? 1. Yes No 1. Do the posted rules meet state and local regulations?	_		V	NI-
7. Is training provided for new employees / volunteers prior to their transporting clients? 8. Does anyone besides employees or volunteers drive Applicant's vehicles? 9. Does the Applicant allow personal use of the Applicant's agency vehicles? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 1. Is there a training lifeguard on duty? 2. The pool area includes: 3. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fences with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 1. Is the pool completely fence with a self-locking gate? 2. The pool location: 3. Is the pool completely fence with a self-locking gate? 3. Is the pool completely fence with a self-locking gate? 4. Pool location: 5. Is there a diving board? 6. Are depths clearly marked? 7. Yes No 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Yes No 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Yes No 13. Do the posted rules meet state and local regulations? 14. Yes No 15. Do the posted rules meet state and local regulations? 15. Yes No			res	NO
If yes, please explain: 8. Does anyone besides employees or volunteers drive Applicant's vehicles? If yes, please explain: 9. Does the Applicant allow personal use of the Applicant's agency vehicles? If yes, by whom and for what reasons? SECTION IX - SWIMMING POOLS				
9. Does the Applicant allow personal use of the Applicant's agency vehicles? If yes, by whom and for what reasons? SECTION IX – SWIMMING POOLS If yes, how many? Is there a training lifeguard on duty? If yes, how many? During what hours? The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Is the pool completely fences with a self-locking gate? If yes, what is the height? Pool location: Indoor Outdoor Is there a diving board? If yes, what is the height? Are depths clearly marked? Is life saving equipment readily accessible? Is the saving equipment readily accessible? Is the staff trained in water safety? Are all areas of the pool, including the bottom, visible at all times? Yes No Do the posted rules meet state and local regulations? Yes No Do the posted rules meet state and local regulations?	7.		Yes	No
If yes, by whom and for what reasons? SECTION IX – SWIMMING POOLS N/A 1. Is there a training lifeguard on duty? If yes, how many? 2. The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? Yes No The pool or a trained in water safety? Yes No The pool area includes: Yes No Yes No No The pool area includes: Yes No No No here all areas of the pool, including the bottom, visible at all times? Yes No The pool area includes: Yes No No Do the posted rules meet state and local regulations?	8.	· · ·	Yes	No
If yes, by whom and for what reasons? SECTION IX – SWIMMING POOLS N/A 1. Is there a training lifeguard on duty? If yes, how many? 2. The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? Yes No 11. Are "swim at your own risk" signs posted with pool rules? Yes No Do the posted rules meet state and local regulations?				
SECTION IX – SWIMMING POOLS 1. Is there a training lifeguard on duty? If yes, how many? 2. The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? No Do the posted rules meet state and local regulations?	9.		Yes	No
1. Is there a training lifeguard on duty? If yes, how many? During what hours? 2. The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? Yes No 11. Are "swim at your own risk" signs posted with pool rules? Yes No Do the posted rules meet state and local regulations? Yes No				N/A
If yes, how many? During what hours? The pool area includes: Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline Is the pool completely fences with a self-locking gate? Yes No If yes, what is the height? Pool location: Indoor Outdoor Indoor Outdoor If yes, what is the height? Are depths clearly marked? Is life saving equipment readily accessible? Is walking surface around the pool non-skid and in good condition? Is the staff trained in water safety? Are all areas of the pool, including the bottom, visible at all times? Yes No Do the posted rules meet state and local regulations? Puring what hours? Yes No Water Slide Trampoline Trampoline Trampoline Trampoline Yes No No If yes, what is the height? Yes No No If yes, what is the height? Yes No No If yes, what is the height? Yes No No If yes, what is the height? Yes No No If yes, what is the height? Yes No	1.		Yes	
Jacuzzi Whirlpool Hot Tub Spa Kiddie Pool Water Slide Trampoline 3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? Yes No Do the posted rules meet state and local regulations?		If yes, how many? During what hours?		
3. Is the pool completely fences with a self-locking gate? If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Do the posted rules meet state and local regulations? 13. Are "swim at your own risk" signs posted with pool rules? 14. Yes No Do the posted rules meet state and local regulations? 15. Ves No	2.	·		
If yes, what is the height? 4. Pool location: Indoor Outdoor 5. Is there a diving board? Yes No If yes, what is the height? 6. Are depths clearly marked? Yes No 7. Is life saving equipment readily accessible? Yes No 8. Is walking surface around the pool non-skid and in good condition? Yes No 9. Is the staff trained in water safety? Yes No 10. Are all areas of the pool, including the bottom, visible at all times? Yes No 11. Are "swim at your own risk" signs posted with pool rules? Yes No Do the posted rules meet state and local regulations? Yes No	3	· · · · · · · · · · · · · · · · · · ·	•	Nο
5. Is there a diving board? If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Do the posted rules meet state and local regulations? 13. Ves No	٠.			
If yes, what is the height? 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Do the posted rules meet state and local regulations? 13. Ves No				
 6. Are depths clearly marked? 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 11. Are "swim at your own risk" signs posted with pool rules? 12. No 13. Do the posted rules meet state and local regulations? 14. Yes No 15. No 16. No 17. No 18. No 19. No	5.		Yes	No
 7. Is life saving equipment readily accessible? 8. Is walking surface around the pool non-skid and in good condition? 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Ves No Do the posted rules meet state and local regulations? 13. Ves No No 	6.		Yes	No
 9. Is the staff trained in water safety? 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Do the posted rules meet state and local regulations? 13. Yes No 14. No 15. No 16. No 17. No 18. No 19. No 20. No 2	7.	Is life saving equipment readily accessible?	Yes	
 10. Are all areas of the pool, including the bottom, visible at all times? 11. Are "swim at your own risk" signs posted with pool rules? 12. Do the posted rules meet state and local regulations? 13. Yes No 14. No 15. No 16. No 17. No 18. No 19. No				
11. Are "swim at your own risk" signs posted with pool rules? Do the posted rules meet state and local regulations? Yes No				
Do the posted rules meet state and local regulations? Yes No				
	11.			
	12.			

13. 14. 15.	How often is the pool cleaned? Do you have specific guidelines regarding closing the pool due to water contamination? Are all swimming pools and spas complaint with the Virginia Graeme Baker Pool and Spa safety act? If no, provide time table and action plan:	Yes Yes	No No
	SECTION X – FIELDTRIPS / OFF PREMISES TRAVEL		N/A
1. 2.	Are field trips taken (or do you anticipate field trips during the next 12 months)? If yes, answer the following: Describe the field trips:	Yes	No
3. 4.	Does the Applicant travel off premises for other events such as fundraising events? Describe those trips:	Yes	No
	SECTION XI – SPECIAL EVENTS		N/A
1.	Are any pets or animals kept on premises? Describe animals, caging, and type of interaction:	Yes	No
2.	Are special classes provided? (Exercise, Dance, etc.) If yes, please explain:	Yes	No
3. 4. 5.	Are special classes taught by an independent contractor on your premises? Does Applicant request / maintain Certificates of Insurance from all sub-contractors? Does the Applicant have any operations other than Adult Day Care? If yes, please explain:	Yes Yes Yes	No No No
	SECTION XII – KITCHEN EXPOSURE		N/A
1. 2. 3. 4. 5.	Is cooking permitted on the premises? Is the actual cooking of food prepared and cooked by the staff? Are there fire extinguishers in the cooking area available? The cooking equipment is: Residential Commercial Cooking equipment is equipped with: Nothing Hoods Ducts Exhaust Fans Automatic Fire Suppression System Automatic Fuel shut off control How often is the cooking equipment cleaned? Is the cleaning equipment: Cleaned by you Cleaning Contractor	Yes Yes Yes	No No No

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler
piping and/ or domestic water lines can be maintained at 45° F or higher?

Yes No N/A
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and
stairwells if they have water lines in them.

a. If not, select all freeze protection measures currently in place:

Temperature monitoring and remote heating control system (Wi-Fi temperature controls) PHLYSense

Other water detection/ notification/ alarm system

Backup electrical generator, ensuring building heat at all times

Insulation around water pipes in cold areas*

Heat tracing for water pipes in cold areas*

Antifreeze fire sprinkler system in cold areas*

Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers Other:

* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. 2. Fire Protection and Testing a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both If ves. approximately what percentage (%) of the building is sprinklered? If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? Yes No N/A If ves, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A Emergency Water Response (domestic and AS water lines) a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? No N/A Yes b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A **Automatic Water Shutoff Devices** a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A Unused/ Vacant Spaces 5. a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A Seasonal Occupancies ONLY: a. Is there a full-time caretaker/ maintenance personnel on the premise? Yes No N/A If yes, select required duties of the caretaker: Regular walkthroughs of the building i. How often each day? Trained in the location(s) of water shut off valve(s) Inspects taps and leaves them dripping in freeze weather events Shuts off or drains pipes during freezing temperatures

b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?

Monitors building temperatures ensuring heat is maintained at required levels

Yes No N/A

Responds to power outages
i. List of required procedures

One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004

Underwritten by: Philadelphia Indemnity Insurance Company

CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant: Address of Applicant: City: State: Website: www: Nature of Operations:							
1.	Anr	nual	sales or revenue: \$				
2.	bel	ongir	e Applicant collect, store or otherwise handle any Personang to customers, clients, or other third parties, other than elease indicate the types of Personally Identifiable Information	employees?	,	Yes	No
		a.	Social Security Numbers, Bank or Other Financial Account other State Identification Numbers	unt Details, Driver's License	or		
		b.	Non-public Medical or Healthcare Data, including Protect	ted Health Information (PHI))		
		c.	Credit or Debit Card Information				
3.	a.	daı	ring the last three (3) years, has anyone alleged that the Amage to their computer system(s) arising out of the operate stem(s)?		uter	Yes	No
	b.	law	ring the last three (3) years, has anyone made a demand rout against the Applicant alleging invasion or interference ppropriate disclosure of Personally Identifiable Informatio	e of rights of privacy or the		Yes	No
	C.		ring the last three (3) years, has the Applicant been the suion by any regulatory or administrative agency for privacy			Yes	No
	d.		he Applicant aware of any circumstance that could reason im being made against them for the coverage being applic			Yes	No

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDLENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)	TITLE (MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)
SIGNATURE	DATE
SECTION TO	BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER AGENCY

(If this is a Florida Risk, Producer means Florida Licensed Agent)

PRODUCER LICENSE NUMBER (If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)