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EUCLID MANAGERS®

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

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

3. Number of pipes over 2 ft. in height: _____
 Number of ramps over 2 ft. in height: _____
 Maximum height of pipes: _____ ramps: _____
 Type of construction: Wooden: _____% Concrete: _____% Other: _____
 Permanent Portable
4. Has any law, ordinance or statute been passed giving skate park immunity to the insured? Yes No
 If "yes," please explain: _____

5. Are there any vendor activities at the skate park? Yes No
 If "yes," please describe (Rentals, Concessions, etc.): _____

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 Beach Pond Lake Reservoir Ocean River Stream
 b. Name and location of exposure: _____
2. a. Pool(s) square footage/frontage/size: _____
 b. 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:

- (1) Is swimming area roped or marked?..... Yes No
If "yes," explain area and type of marking: _____
- (2) Are life guards provided? Yes No
How many? _____ Hours on duty? _____ Certified? Yes No
- (3) Is boating permitted near the swimming area?..... Yes No
- (4) Is diving permitted? Yes No Supervised? Yes No
- (5) Depth of water? _____
Is swimming area checked for underground obstructions, etc.? Yes No

- 4. Describe maintenance and repair of facilities: _____
- 5. How many water slides do you have? _____ How high are the slides? _____
 - a. Number of curves in each slide? _____
Attendants at top? Yes No Bottom? Yes No
 - b. Attendance capacity? _____ Average daily attendance? _____
 - c. Explain additional controls and safety features: _____
 - d. Days and hours of operation: _____
 - e. What controls, if any, are used to eliminate or discourage after hour accessibility? _____

G. PIERS/MARINAS/WHARVES/DOCKS EXPOSURE

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