



RECREATION/COMMUNITY CENTER QUESTIONNAIRE *

1. **Applicant's Name:** _____

2. **Address:** _____

3. **Is Center licensed:** Yes ___ No ___
Expiration Date of license: ___ / ___ / ___

4. **Are all state standards met?** Yes ___ No ___

5. **Maximum Capacity:** _____

6. **The Center has been operating since:** _____

7. **The Center is open:** ___ hours/days ___ days/week ___ months

8. **Average daily attendance:** _____

9. **Age range of attendees:** _____

10. **Is there an admission/membership fee required for the center:**
Yes ___ No ___; If yes, amount charged: _____

11. **There are ___ full-time staff members; ___ part-time staff members;**
___ employees under 18 years of age.

12. **Description of each activity conducted at center:** _____

13. **Off premises activities?** Yes ___ No ___ If yes, please describe:

14. **Pool Facilities:** Yes ___ No ___
 - a. If yes, is Lifeguard present at all times? Yes ___ No ___
 - b. Pool depth markings: Yes ___ No ___
 - c. Diving Board: Yes ___ No ___; Height _____

* To be completed in connection with the Human Services Program Questionnaire

15. **Gym Facilities:** Yes ___ No ___

16. **Organized Athletic Programs:** Yes ___ No ___

a. Basketball program Yes ___ No ___

b. Boxing program Yes ___ No ___

c. Weightlifting program Yes ___ No ___

d. Gymnastics program Yes ___ No ___

If yes, Are mats properly placed? Yes ___ No ___

e. Playground facility Yes ___ No ___

If yes, Is it fenced? Yes ___ No ___

f. Other, describe: _____

17. **Daycare/Childcare Facilities?** Yes ___ No ___ If yes, complete Daycare Questionnaire.

18. **Is there an Emergency Plan in place for evacuation due to fires, storms, etc.?**

Yes ___ No ___ **Posted:** Yes ___ No ___

19. **Emergency Lighting:** Yes ___ No ___

20. **Exits properly marked:** Yes ___ No ___

21. **Number of exits:** _____

22. **Parking facility - lot size (square feet):** _____

23. **Accident Investigation plan in place?** Yes ___ No ___

24. **Emergency medical plan in place?** Yes ___ No ___

I hereby declare to the best of my knowledge and belief that all of the foregoing statements are complete and true and that these statements are offered as an inducement to the company to issue the policy for which I am applying. It is understood and agreed that the completion of this application does not bind the company.

Signature of Applicant

Date

Title