|  |  |
| --- | --- |
|  | Euclid Public Sector  234 Spring Lake Drive  Itasca, Illinois 60143  Phone (630) 238-1900  Website: [www.euclidps.com](http://www.euclidps.com/) Mailbox: [mail@euclidps.com](mailto:mail@euclidps.com) |

Public Entity Application  
Recreational Activities  
Questionnaire K

**(Attaches to EPS-GEN-APP Applicant Information Section)**

**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

**3.** Is are secured or unsecured?

|  |
| --- |
| Explain: |

**4**. Is Skate Park monitored by an attendant?  Yes  No

|  |
| --- |
| If “yes,” please explain: |

**5.** Number of pipes over two feet in height:

Number of ramps over two feet in height:

Maximum height of pipes:       ramps:

Type of construction: Wooden:    % Concrete:    % Other:

Permanent  Portable

**6.** Has any law, ordinance or statute been passed giving skate park immunity to the insured?  Yes  No

|  |
| --- |
| If “yes,” please explain: |

**7. a.** Are there any vendor activities at the skate park?  Yes  No

|  |
| --- |
| If “yes,” please describe (Rentals, Concessions, etc.): |

**b.** Is insurance verification required?  Yes  No

**c.** If yes, what insurance limits are required?

include a copy of the risk management guidelines for operation of the skate park.

**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?** |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No | Yes  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  Spa  Beach/Ocean/Lake/River/Stream/Pond  Reservoir

**b.** Name and location of exposure:

**2.** In response to the Virginia Graeme Baker Pool and Spa Safety Act, please answer the following:

**a.** What anti-entrapment safety devices have you utilized to respond to the Act?

**b.** How many pools and spas do you operate and/or maintain?

**c.** How many drains are in each of the pools and spas indicated above?

**d.** 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 lifeguards 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 waterslides 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.** Are there minimum age and height requirements?  Yes  No

If yes, explain:

|  |
| --- |
| **d.** Explain additional controls and safety features: |

**e.** Days and hours of operation:

|  |
| --- |
| **f.** 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? $

**Refer to EPS-GEN-APP application form for the state fraud warnings.**