



YMCA Renewal Questionnaire

YMCA Name _____ **FEIN #** _____

Updates

New branches or camps added during the last year? Yes No

New branches, camps or additions/renovations planned during the upcoming year? Yes No

New social service programs added during the last year or planned for upcoming year? Yes No

If yes to any, please describe: _____

General Information

Total number of employees: _____ Full time: _____ Part time: _____

Total number of volunteers: _____ Total number of members: _____

Annual revenue: _____

Do you have any air-supported structures (e.g. pool bubbles, tennis or gold domes)? Yes No

If yes, please specify the number and which branches: _____

Professional Social Services Staff

How many people work in the following capacities?

Licensed/Certified Social Workers: _____ Licensed/Certified Counselors: _____

Other Professional Staff

How many people work in the following capacities?

- | | |
|---------------------------|---|
| _____ EMTs | _____ Registered Dietitians/Nutritionists |
| _____ Physical Therapists | _____ Employed Masseuses |
| _____ Personal Trainers | _____ Contracted Masseuses |
| _____ Volunteer Nurses | _____ Staff working with daycare/preschool programs |
| _____ Contracted Nurses | _____ Staff working with before/after school programs |
| _____ Employed Nurses | _____ Staff who handle money |

Off-Site Childcare

Do you have any new off-site locations where daycare/preschool and after-school programs are offered? Yes No

If yes, please attach a list of new locations and average daily attendance for each.

Off-Site Day and Resident Camping

Total number of resident camps: _____ Dates of operation: _____

| Address of each camp location (or attach schedule) | Average Daily Attendance | # of Days Camp is Open | Age Range of Campers |
|--|--------------------------|------------------------|----------------------|
| | | | |
| | | | |
| | | | |

Total number of offsite day camps: _____ Dates of operation: _____

| Address of each camp location (or attach schedule) | Average Daily Attendance | # of Days Camp is Open | Age Range of Campers |
|--|--------------------------|------------------------|----------------------|
| | | | |
| | | | |
| | | | |

Do you rent your camp facilities to outside groups? Yes No

If yes, answer the following:

Please provide annual gross receipts for all rentals: _____

Is a written lease/contract required for all user groups? Yes No

Approximate number of user-group participants: _____

Number of boats in use:

Sailboats under 21 feet: _____

Sailboats 21+ feet: _____

Motorboats under 26 hp: _____

Motorboats 26+ hp: _____

Number of saddle animals YMCA owns: _____

Number of saddle animals YMCA leases: _____

Are there dams located on the insured property?

Yes

No

If yes, please specify the number and which location(s): _____

Please submit a copy of the most recent dam inspection report.

Swimming Pools & Waterfronts

Please check any and all of the features available at any of your pools or bodies of water:

Waterslide (over 15 ft.)

Lazy River

Current Channel

Flow-Rider

Vortex Pool

Spray Ground

Diving Board

Splash Pad

Water Trampoline

Scuba Diving

Rope Swing

Blob

Are any of the pools you own or operate open to the public (no membership or guest status required; any person can pay a fee to access the facility)?

Yes

No

If yes, please list the location(s) and gross annual sales: _____

Automobile

Are volunteers and/or staff allowed to drive YMCA vehicles?

Yes

No

Number of volunteers at all locations who regularly use their own autos to transport social service clients in connection with your programs: _____

Does your YMCA ever outsource transportation to local companies?

Yes

No

If yes, what is the annual cost of hire? _____

Please attach a copy of the Certificate of Insurance obtained from the transportation company.

Waivers

Please attach any waivers the organization uses.

| | | |
|--|-----|----|
| Does your organization use waivers? | Yes | No |
| Are the waivers electronic or paper? (can select both) | | |
| <input type="checkbox"/> Electronic | | |
| How are they signed? _____ | | |
| <input type="checkbox"/> Paper | | |
| How are they stored? _____ | | |
| Is every adult member required to sign a waiver? | Yes | No |
| Does the waiver cover all programs? | Yes | No |
| Is every member under 18 years of age required to have a waiver signed by their parent/guardian? | Yes | No |
| Are adult guests required to sign a waiver? | Yes | No |
| Are the waivers general or program specific? | | |
| <input type="checkbox"/> General | | |
| <input type="checkbox"/> Program Specific | | |
| Are guests under 18 years of age required to have a waiver signed by their parent/guardian? | Yes | No |
| Has an attorney or local counsel reviewed and approved your organization's waiver(s)? If yes, attach approval documentation. | Yes | No |
| Do all waivers include COVID-19 and/or communicable disease language? | Yes | No |
| Are you currently using or planning to use signs in your facility regarding COVID-19 safety measures? | Yes | No |
| If yes, please attach a photo of the posted sign. | | |

Fraud Notice

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA or WV – see additional Fraud Notices for these states below).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued (not applicable in North Carolina). If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* ELECTRONIC SIGNATURE AND ACCEPTANCE

* You can apply your signature to this form electronically by checking the Electronic Signature and Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

Form revised 7/16/2020