



# Boys & Girls Clubs New Business Questionnaire

**Club Name** \_\_\_\_\_ **FEIN #** \_\_\_\_\_

## Executive Staff

Name of CEO/CPO: \_\_\_\_\_

Years as CEO/CPO: \_\_\_\_\_ Total years with this Club: \_\_\_\_\_

Prior Club: \_\_\_\_\_ Total years with prior Club: \_\_\_\_\_

## General Information

Total number of employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Total number of volunteers: \_\_\_\_\_ Total number of kids enrolled: \_\_\_\_\_

Annual revenue: \_\_\_\_\_ Average daily attendance: \_\_\_\_\_

## Professional Social Services Staff

How many people work at the Club in the following capacities?

Licensed/Certified Social Workers: \_\_\_\_\_ Licensed/Certified Counselors: \_\_\_\_\_

Registered Dietitians/Nutritionists: \_\_\_\_\_ Employed/Contracted/Volunteer Nurses: \_\_\_\_\_

EMTs: \_\_\_\_\_ Staff who handle money: \_\_\_\_\_

## Operations

List individual Clubs and give a brief description of activities (e.g. camp, pool, youth sports, etc.) or attach schedule.

Club Name	Location Address	Hours of Operation	Age Range of Participants	Average Daily Attendance

Check any activities available at any of your Club locations:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Archery           | <input type="checkbox"/> Low Ropes Course    | <input type="checkbox"/> Swimming        | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Skate Park        | <input type="checkbox"/> Riflery             | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Gun Range        |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Climbing Wall/Tower | <input type="checkbox"/> Trampolines     | <input type="checkbox"/> Gymnastics       |
| <input type="checkbox"/> Ziplines          | <input type="checkbox"/> Other: _____        |  |   |

Has the organization had an abuse allegation in the past? Yes      No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

## Waivers

*Please attach any waivers the organization uses.*

Does your organization use waivers? Yes      No

Are the waivers electronic or paper? (can select both)

Electronic  
 How are they signed? \_\_\_\_\_

Paper  
 How are they stored? \_\_\_\_\_

Is every adult member required to sign a waiver? Yes      No

Does the waiver cover all programs? Yes      No

## Waivers Continued

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?

General

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.

## Camps

Total number of off-site day camps: \_\_\_\_\_

Address (or attach schedule)	Average Daily Attendance	# of Days Camp is Open

## Camps Continued

Total number of overnight camps: \_\_\_\_\_

Address (or attach schedule)	Average Daily Attendance	# of Days Camp is Open

Check any activities available at any of your Club locations:

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Archery             | <input type="checkbox"/> Low Ropes Course    | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Horseback Riding   |
| <input type="checkbox"/> Skate Park          | <input type="checkbox"/> Riflery             | <input type="checkbox"/> Sailing     | <input type="checkbox"/> Gun Range          |
| <input type="checkbox"/> High Ropes Course   | <input type="checkbox"/> Climbing Wall/Tower | <input type="checkbox"/> Trampolines | <input type="checkbox"/> Golf Carts         |
| <input type="checkbox"/> White Water Rafting | <input type="checkbox"/> Kayaking            | <input type="checkbox"/> Canoeing    | <input type="checkbox"/> Adventure Programs |

Number of boats in use:

Sailboats less than 21 feet: \_\_\_\_\_ Sailboats 21+ feet: \_\_\_\_\_  
 Motorboats less than 26 hp: \_\_\_\_\_ Motorboats 26+ hp: \_\_\_\_\_

Number of saddle animals Club owns: \_\_\_\_\_ Number of saddle animals Club 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.*

## Field Trips

Number of field trips taken each year: \_\_\_\_\_

Field Trip Location	Number of Participants	Overnight Stay? (Yes or No)

## After School Childcare

Total number of off-site locations for School-Aged Childcare: \_\_\_\_\_

Location Address (or attach schedule)	Average Daily Attendance

## Swimming Pools and Waterfronts

Total number of pools/outside bodies of water used for swimming at your Clubs: \_\_\_\_\_

Club Name	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water	Number of Days Used Each Week

*Please note that all outdoor pools must be listed separately on the Statement of Values.*

Total number of pools/outside bodies of water **used by** your Clubs: \_\_\_\_\_

Club Name	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water	Number of Days Used Each Week

Are all swimming pools compliant with Virginia Graeme Baker Pool and Spa Safety Act?    Yes    No

If no, please provide time table and action plan: \_\_\_\_\_

\_\_\_\_\_

Please check any and all of the features available at the above listed pools/bodies of water:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Waterslide (above 15 ft.) | <input type="checkbox"/> Lazy River   | <input type="checkbox"/> Current Channel |
| <input type="checkbox"/> Vortex Pool               | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board    |
| <input type="checkbox"/> Splash Pad                | <input type="checkbox"/> Flow-Rider   | <input type="checkbox"/> Public Access   |

## Management Controls

Are Criminal Background Checks performed on all staff working directly with children prior to being hired? Yes No

Have all staff completed sexual abuse prevention training? Yes No

If yes, upon hiring? Yes No

And/or during employment? Yes No

How often? \_\_\_\_\_

Is there a policy prohibiting off-site babysitting of participants, except with written permission of the Executive Director? Yes No

Are children separated by age during program activities? Yes No

Please describe check-in/check-out procedures below:

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## Computer Lab

Does your Club have a formalized policy for computer usage? Yes No

Are Club participants required to sign a code of conduct for computer use? Yes No

Are all computers and other electronic equipment monitored regularly for inappropriate use? Yes No

Are appropriate parental/website controls established for all computer and electronic equipment? Yes No

## Americans with Disabilities Act Controls

Has your Club (including all locations/operations) had a formal ADA audit by a qualified consultant? Yes No

If yes, were formal recommendations submitted? Yes No

## Americans with Disabilities Act Controls Continued

Has your Club (including all locations/operations) received any written ADA complaints from members, patrons, guests and/or employees in the past five years? Yes          No

Is a record kept of such complaints and their resolutions? Yes          No

How often does your Club (including all locations/operations) review current ADA related policies and procedures, facility access, job descriptions, job accommodation processes and training for managers and staff? \_\_\_\_\_

## Social Programs

Do you provide social service programming? Yes          No

If yes, list and briefly describe each:

Address (or attach schedule)	Program Name	Brief Description

Does the Club provide foster care placement? Yes          No

Does the Club provide adoption placement? Yes          No

Does the Club provide juvenile detention centers (incarcerated youth)? Yes          No

Please check any and all of the programs available at any of your locations:

- |   |   |
|---|---|
| <input type="checkbox"/> Residential/Group Home         | <input type="checkbox"/> Pregnant Teen Center         |
| <input type="checkbox"/> Emergency or Homeless Shelters | <input type="checkbox"/> Transitional Living Shelters |
| <input type="checkbox"/> One-On-One Mentoring Program   | <input type="checkbox"/> Gang Prevention Program      |
| <input type="checkbox"/> Affordable Housing Program     | <input type="checkbox"/> Other: _____                 |

Are volunteers/mentors allowed to take Club participants off-site? Yes          No

If yes, please describe protocols that are currently in place: \_\_\_\_\_



## Commercial Cooking

List locations where commercial cooking is performed, or attach schedule:

Address	Is there a suppression system?		Is there an automatic fuel shut off?		Is cleaning of hood and duct contracted out?	
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No

## Automobile

Are volunteers allowed to drive Club 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: \_\_\_\_\_

How frequently are MVRs checked on all drivers? \_\_\_\_\_

Are children transported to and from off-site locations? Yes      No

If yes, how many vehicles are used? \_\_\_\_\_

Who drives the vehicles (e.g. Club staff, contractors, etc.)? \_\_\_\_\_

Are Certificates of Insurance obtained for volunteers who drive their automobiles for Club business? Yes      No

If yes, what automobile limits are they required to carry? \_\_\_\_\_

Does your Club 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.*

## **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.

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Applicant Name (Printed)

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Applicant Title

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Applicant Signature\*

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Date

\* ELECTRONIC SIGNATURE AND ACCEPTANCE

PRODUCER INFORMATION:

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Producer Name (Printed)

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Producer Signature\*

---

Agency Name

---

Agency Code

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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 8/3/2020