

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured & Other Named Insured(s): City of Longview		Today's Date: 04/23/2020
Proposed Effective Date (mm/dd/yyyy): 10/1/2020	Proposed Expiration Date (mm/dd/yyyy): 9/30/2021	

PARK AND RECREATIONAL INFORMATION

1. Please complete the following chart:

	Archery Range	Convention Center/Arena	Day Camp	Day Care	Fireworks	Fitness Center	Golf Course	Rodeo	State Park	Swimming Activities	Waterfront Activities
Do you have this exposure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this exposure subcontracted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are subcontractors required to carry limits of insurance equal to your limits of liability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are certificates of insurance obtained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hold-harmless agreements required from sub-contractors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you named as an additional insured under the sub-contractor's policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written equipment maintenance program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PROPERTY MANAGEMENT INFORMATION

2. Does the Entity have a regular inspection/maintenance program for all facilities and equipment (parks, playgrounds, equipment, buildings, golf courses, fitness centers, etc.)? Yes No
3. How often? Daily Weekly Bi-Weekly Monthly Quarterly Other **Convention & Rodeo weekly;**
4. Are all regular inspections and corrective actions documented? Yes No

PARKS AND PLAYGROUNDS INFORMATION

5. Is any playground equipment present on the premises? Yes No
If yes, does the playground equipment and surface meet Consumer Product Safety Commission (CPSC) standard? Yes No
6. Do you have a Certified Playground Safety Inspector? Yes No

ORGANIZED ATHLETIC PROGRAM INFORMATION

7. Complete the following:

Activity	Participants			Third Parties / Leagues / Associations			
	Check if activity exists	# of Youth	Age of Youth	# of Adults	You provide the facility /site and a third party, such as a league or association, controls the program. If no, go to question 8.	Are certificates of insurance obtained including coverage for participants showing limits of liability of at least \$1,000,000?	Are third parties required to name you as an additional insured in a contract or written agreement?
Football	<input checked="" type="checkbox"/>	277			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Soccer	<input checked="" type="checkbox"/>	3360	19u	600	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hockey (Ice, Field, Inline)	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lacrosse	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Basketball	<input checked="" type="checkbox"/>	293	14u	144	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Baseball	<input checked="" type="checkbox"/>	1462	14u	4080	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wrestling	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diving	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cheerleading with Aerial Acrobatics	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gymnastics	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Boxing	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rugby	<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: <u>Swim</u>	<input checked="" type="checkbox"/>	814	17u	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you discontinued any athletic programs in the past 5 years? Yes No
 If yes, explain the program discontinued and reason for discontinuing:

9. For organized athletic programs you control, do you have a written concussion management program in place for all athletic programs? Yes No
 If yes, answer all of the following:

- a. When was it implemented? _____
- b. Is it consistently implemented and enforced for all athletic programs identified above? Yes No
- c. Does it inform participants and parents on the:
 - i. Risks of concussions? Yes No
 - ii. Symptoms of concussions? Yes No
 - iii. Potential consequences of concussions over time and if not treated properly? Yes No
 - iv. General prevention and preparedness efforts to keep athletes safe? Yes No
- d. Does it require athletes and/or parents to sign a concussion injury information sheet? Yes No
- e. Does it have an action plan that includes immediately removing the participant from play or practice? Yes No
- f. Does it require that you keep a participant out of play or practice until they provide written clearance from a licensed medical professional? Yes No
- g. Does it mandate training for sports administrators, coaches, medical personnel, trainers, and other staff on the field? Yes No
- h. Does it require baseline testing to aid in concussion management? Yes No
- i. Does it comply with statutory requirements and any association bylaws (i.e. NCAA, NFHS, as applicable)? Yes No

10. Do you require all participants to carry and acknowledge that they maintain Accident & Health insurance? Yes No
11. Do you require consent and acknowledgment of risk of injury forms and waivers to be signed by participants and/or parents annually? Yes No
12. Do you require an annual medical exam/evaluation from a qualified medical professional giving clearance for all athletes to participate in sports before they begin practicing? Yes No
13. Do you have a formal equipment and facility inspection and maintenance protocol in place? Yes No

Note: For additional information pertaining to concussion prevention, identification and management, refer to any of the various resources available on this topic – including, but not limited to, The Centers for Disease Control and Prevention (CDC) and others listed in the Travelers Risk Control eGuide “Athletic Programs: Playing It Safe”.

ICE SKATING INFORMATION

Check if N/A

14. Location: Indoor Outdoor (If outdoor: Surface Lake)
15. Are warning signs posted? Yes No
Is there a procedure in place for checking ice thickness? Yes No

FIREWORKS INFORMATION

Check if N/A

16. Full description of operations performed by:

Entity: **Fireworks & Freedom Festival hosted by City of Longview on July 4th**

Sub-Contractors: **provide fireworks, carnival rides and inflatables**

17. Complete the following:

Name of Event	Licensed Pyrotechnicians?	Emergency Equipment
Fireworks & Freedom Festival	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Ambulance <input checked="" type="checkbox"/> Fire Dept <input checked="" type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Dept <input type="checkbox"/> Police

WATER ACTIVITIES INFORMATION

Check if N/A

18. Number of each Exposure:

Pool	Pond/Lake/Reservoir	River/Stream	Ocean/Bay	Other (describe:)
3	3			

19. Identify all activities:

Activity	Is a Fee Charged?	Equipment Rented by Entity?	Are Rules Posted?
Boating	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fishing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jet Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock/Boat Launch	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Skiing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: Swimming Lessons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

20. Is swimming area roped or marked? Yes No

21. How are lifeguards certified? **American Red Cross**

22. Is diving permitted? Yes No Is diving supervised? Yes No Depth of water: **12 ft**

23. Is swimming area/beach checked for underwater obstructions, etc?..... Yes No

24. Do you document maintenance, repair of facilities, water testing, chemical treatment?..... Yes No

25. What measures, if any, are used to eliminate or discourage after hours accessibility?

WATERSLIDE/AQUATIC CENTER Check if N/A

26. Is there a splash-down area? Yes No

Slide #	Height		Access		No. Of Certified Lifeguards	Lifeguard Position	
	Feet	Inches	Ladder	Stairs		Top	Bottom
1	7		<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

27. Are age, height and size limitations clearly posted and strictly enforced? Yes No

28. Please list any additional water attractions (Zip-line, lazy river, vortex, lily pads, wave pools, etc.):

ARCHERY RANGE INFORMATION

Check if N/A

29. Full description of operations performed by:

Entity: _____

Sub-Contractors: _____

30. Is a signed waiver of injury required for all users? Yes No

31. Is perimeter fenced?..... Yes No

32. Are warning signs posted along the fence? Yes No

33. Is backstop sufficient to stop all errant shots? Yes No

34. Please describe your controls for the archery range (licensing/certification, monitoring):

INFLATABLES INFORMATION

Owned Leased N/A

35. Please describe the inflatable equipment that is used:

Are staff members present when inflatable is in use? Yes No

Are manufacturers safety guidelines followed? Yes No

If equipment is leased:

- a. Does the rental company provide certificates of insurance? Yes No
 b. Are you listed as an additional insured? Yes No

FITNESS CENTERS INFORMATION

Check if N/A

36. Full description of operations performed by:

Entity: Cardio equipment, Weight training equipment, basketball, raquetball, water fitness, and lap swimming

Sub-Contractors: _____

37. Is a signed waiver of injury required from all users? Yes No
 38. Do you supervise use of equipment? Yes No
 39. Do you post warning signs and rules prominently? Yes No

HORSEBACK RIDING AND RODEO INFORMATION

Check if N/A

40. Full description of operations performed by:

Entity: _____

Sub-Contractors: _____

41. Number of rodeos per year: _____
 42. Is a signed waiver of injury required from all participants? Yes No
 Describe Controls for protecting spectators: _____

Describe horseback riding activities: _____

SKI FACILITIES INFORMATION

Check if N/A

43. Full description of operations performed by:

Entity: _____

Sub-Contractors: _____

44. Is a signed waiver of injury required from all participants? Yes No
 45. Do you rent any ski equipment? Yes No

SKATE PARK INFORMATION

Check if N/A

Equipment Type	Largest Vertical Drop	Facility Users			
		Skateboard	In-Line Skate	Bicycles	Scooters
Half-Pipe		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowl		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grind Rails		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (desc)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Design

46. Was the facility designed by a landscape architect with experience in designing skateboard facilities and skate parks?..... Yes No
47. Are all items located around the skate park (trash cans, benches, etc.) secured to the ground so they can not be moved onto the skating surface? Yes No
48. Did the entity manufacture or install any portion of the facility? Yes No

Facility Safety And Maintenance

49. Are motorized devices allowed in the skate park? Yes No
50. Is warning and emergency signage posted at the facility? Yes No
51. Is signage posted at all entrances of the skate park? Yes No
52. Is documentation of all inspections and repairs retained? Yes No
53. Are facilities inspected at least weekly? Yes No
54. Security measures:
 Lighting Yes No Fencing Yes No Police Patrol Yes No Other Yes No

Please describe Other security measures: _____

55. Is your skate park supervised? Yes No
- If yes:*
- a. Does staff mandate and enforce usage of personal protective equipment? Yes No
- b. Is facility locked when staff is not present? Yes No
- c. Is staff trained in:
- i. First aid? Yes No
- ii. CPR? Yes No
- iii. Usage of emergency communication equipment? Yes No
- d. Is staff fully trained in operation of skateboard park? Yes No

DAYCARE CENTER/DAY CAMP INFORMATION (including fitness center child care)
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Check if N/A

56. Name of facility: **Broughton Recreation Center**

Address: **801 Martin Luther King Blvd.**

City: **Longview** State: **TX**

County: **Grerr** Zip Code: **75602**

57. Description of operation: **After school activities, assistance with homework**

58. Does this facility have the following:
- a. Emergency evacuation plan? Yes No

- b. Regularly inspected fire/smoke detection systems? Yes No
 - c. Two separate exits on each floor? Yes No
 - d. First aid equipment? Yes No
 - e. Someone on premises during business hours, trained in administering first aid? Yes No
 - f. Is the facility licensed by the state? Yes No N/A
59. If multiple facilities exist, do they follow the same procedures as listed above? Yes No N/A
 If no, please describe: _____

SENIOR CENTER INFORMATION

Check if N/A

60. Does your facility provide:

- Meals? Yes No
- Social Events? Yes No
- Dancing? Yes No
- Exercise Classes? Yes No
- Other: Computer classes, Game activities, Instructional activities, Guest speakers

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: 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.

FLORIDA: 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.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: 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.

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

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Authorized Representative Signature*: X <i>B Hubbard</i>	Authorized Representative Name - Printed Bonnie Hubbard	Date: <i>04/27/2020</i>
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency: HUB International	Agency Contact: Cameron Jones	Agency Phone Number: 817-820-8163

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box 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.

- Electronic Signature and Acceptance – Authorized Representative
 Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.