

**Community Associations
OTHER ACTIVITIES**

Name of Insured/Area:
Address:
Date(s) of Activity:
Description of Activity:
Location of Operation:
Receipts generated:

Is this a concessioned operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is other insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Attach copy of Certificate of Insurance)		
Is Area named as an Additional Insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Furnish five (5) year loss information, if any:		
Are releases signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (attach copy)
Operation Manuals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employee Training Program (incl. experience & age requirements):		

What is the experience of the person in charge of the operation?
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Type of equipment to be used:
Age of equipment:

Any provisions for handicapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Age limitations, other physical limitations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintenance records kept:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special safety equipment required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain:

Are any special permits required from local authorities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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List:
