



# RISK MANAGEMENT MANUAL



Information provided by Risk Management Direct should be used as guidelines that need to be customized to meet the requirements of your state laws. It is still necessary that you seek further advice from a legal advisor familiar with the state law of which you are operating before using any legal forms.



# PARTNERSHIPS FOR A PRIME RESULT

The Risk Management Department (RMD) is committed to developing risk-reducing solutions for businesses and improving operations through specialized safety practices. RMD is a leader in developing productive partnerships between the insurance company and the insured to reduce costs and improve overall customer experience.

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## **AN INTRODUCTION TO RISK MANAGEMENT**

Risk is an inherent part of any business operation. Many business owners consider their insurance policy as a “risk management plan”; however, insurance is just one element of a risk management strategy that a business owner must utilize. For this reason, we would like to invite you to partner with Risk Management Direct (RMD) to create a safer and more risk-aware environment. Prime Insurance recognizes members who take these simple guidelines seriously and who want to become partners with RMD to reduce your operational risk. Creating and following a risk management strategy will help improve your operations, improve client relations, help protect you against claims or threat of a lawsuit, and may help minimize the impact of losses once an accident occurs. We have provided some basic risk management guidelines to assist your efforts to reduce your risk.

Many of these precautions are things that you are probably already doing, such as maintaining your equipment, properly training staff or performing regular inspection. However, without utilizing documentation, your efforts may not be enough to stop lawsuits before they go to trial. Whether an insured wins or loses a lawsuit, your industry loses because of the legal costs. Also, in the event of a claim or lawsuit, your company and type of business receives a less favorable image that could potentially affect future business. As a business owner and/or manager, you are in the best position to assess your risks. We encourage you to integrate this manual and additional safety material from your industry into your program. Please call the Insurance Risk Management office with questions or suggestions as they arise.

### **What is Risk Management?**

Risk Management is about the management (and not the avoidance) of risk. It is the process of making and implementing decisions that will minimize accidental business loss. Even the smallest accident or incident can cause serious repercussions for a business. Risk management allows a business owner to reduce the likelihood of an accident happening and can allow that business owner to operate their business for a longer, more profitable period of time.

The Risk Management Process includes:

- Identifying and analyzing your exposure to risk;
- Evaluating potential hazards which may pose a threat to the health and/or safety of people and property that come into contact with a given activity or location;
- Planning ways to minimize those threats to the public and property; and
- Implementing the most appropriate Risk Management technique and being prepared to deal with emergencies if they do occur.

### **Who Uses Risk Management?**

Everyone uses risk management. Even when it’s something as simple as looking both ways before crossing the street, risk management is used. However, businesses are susceptible to risks at a higher frequency. Once a customer pays a fee for services from a business, that business is held by the law to provide a reasonable, professional standard of care to that customer. If the business neglects to do so, and a customer is injured or affected, the business will be held responsible for those injuries and other potential losses that the customer has to endure, including lost income. The standards of care for businesses are set high and the degree of negligence can be factored by the procedures (i.e. preventative maintenance, emergency planning and preparation, and handling of the situation) that the business utilizes.

### **When is Risk Management Practiced?**

Risk management is an ongoing process and must be implemented in all parts of the business’ operations. Simply talking about risk management is not enough; a plan must be designed and practiced dutifully in order for it to be effective. Additionally, the business operation or activity itself is only part of the potential risk. For example, the parking lot, bathrooms, eating areas, etc. should be evaluated and carefully managed to prevent incidents such as slips and falls.

Risk Management can be practiced and easily started by asking three key questions:

- When is something safe?
- What is it we want to protect or keep safe and from what?
- How do we verify that an acceptable level of safety has been achieved?

## **Why Practice Risk Management?**

Creating a risk-aware environment is essential to improving overall business operations and minimizing the chance of a claim. Injuries can detract from a person's quality of life and decrease their productivity through temporary or permanent disability. This kind of tragedy should be minimized to the greatest extent possible. Preventable injuries present the most liability risk for business owners, as courts can often deem the business fully responsible for the accident due to negligence.

By creating a preventive strategy against risk, you will gain control of your operations and catch many safety issues before they become problems. Practicing risk management will not only help prevent claims and lawsuits, but will help to reduce the severity of those incidents and accidents that do arise. By reducing the number of incidents and claims in your operations, you are more likely to experience lower premiums for future insurance coverage. RMD looks for business owners who are prepared to work as partners to reduce risk in the business and do what it takes to lower the likelihood of incidents and claims.

## **How to Use This Manual**

This manual is designed and intended to provide current operational guidelines while helping you fulfill your policy requirements and developing a customized risk management strategy for your business operations. RMD encourages you to take this information in this manual to put a comprehensive risk management plan into place. We also highly recommend that you reevaluate your Risk Management strategy on a regular basis and update it for the current business environment. Take these steps to put a risk management plan into place.

If you have any questions as you read through this manual, please contact Risk Management. We will also be happy to assist you in creating forms and procedures specific to your type of business. We can be contacted by phone, fax, or email using the information contained in the Key Contacts Sheet.



## WHAT DOES RISK MANAGEMENT DIRECT DO FOR YOU?

The key objective of RMD is to become a partner with you, the insured. Our goal is to help improve your business operations by reducing your exposure to high-risk situations, lower future premiums and to increase your insurability. Working together we will find solutions to the various risks that affect your business and its operations. Our Risk Management team works to help you mitigate risks before they become claims. We work with you to evaluate areas where you can improve procedures/policies and better protect your company. We offer a variety of solutions focused on meeting these specific needs. By listening and working with you as a partner, we can help develop solutions that work best with your business. By doing this we can help you uncover risks and discover new opportunities to make your business more secure, now and in the future. RMD uses several basic tools to achieve this.

### **Risk Management Manual**

This RM Manual is a complimentary operational guide updated regularly to ensure the latest information is easily available. The information provided is intended to be used as guidelines to help insured's develop a customized risk management strategy for their particular business operations. RMD strives to create a value to you giving a resource available with the latest information related to their operations to help improve the safety of their business operations without setting a standard.

### **Inspection Services**

RMD analyzes select policies that may require a Phone or On-Site Inspection to further assess and/or improve the operational risk. Additionally, the purpose of an inspection is to verify that the appropriate coverage is in place, the policy requirements are being followed to assure that there will be coverage in the event of a claim, and that there are not further risks that the underwriter did not account for. Phone Inspections are completed in-house by a Risk Management Consultant. On-site Inspections may be carried out by either a member of the RMD team or a sub-contractor hired by RMD. After the Inspection has been completed, RMD will review the reported information and send the recommended and/or required changes to be made.

### **Liability Release Contracts**

Liability release contracts are **required** to be used through the term of the insurance policy. RMD provides this service to help alleviate your exposure to risks and improve your operations. RMD will customize the "The Participant Agreement, Release and Assumption of Risk" and "The Lease and Liability Contract" to reflect the operational risk listed on the policy. The customized form, with instruction for its use, is sent every year upon binding of the new policy.

### **Phone Consultations**

RMD's goal is to be available for any help you may need throughout the policy period. We will take a second look at the policy to ensure that the information in the insured's account is accurate and to look for gaps in coverage. During the call, RMD will verify the contact information listed, verify the coverage listed on the policy, review basic policy terms and conditions, as well as discuss their operational safety procedures, and help answer any questions you may have regarding what to expect throughout the policy period and how that relates to your operations.





## CONTACT US

**PRIME INSURANCE COMPANY** is an excess and surplus lines insurance company that offers underwriting, risk management, claims, brokerage and financing services nationwide. With offices in Chicago and Salt Lake City, Prime offers solutions for hard-to-place and declined risks.

### UNDERWRITING

All quotes--new, renewals, revisions, add or delete coverage, questions about your quote or other coverage requirements.

Toll Free: 1.877.243.8181  
Phone: 1.801.304.3705  
Fax: 1.877.452.6910  
Email: [quotes@primeis.com](mailto:quotes@primeis.com)

### BROKER SERVICES

Producer agreements & other documentation in order to conduct business

Toll Free: 1.800.421.8328  
Phone: 1.801.304.3726  
Fax: 1.800.262.3719  
Email: [brokerservices@primeis.com](mailto:brokerservices@primeis.com)

### RISK MANAGEMENT

Policy Receipt Forms, Risk Management Compliance

Toll Free: 1.877.585.2851  
Phone: 1.801.304.3724  
Fax: 1.877.585.2852  
Email: [rmd@primeis.com](mailto:rmd@primeis.com)

### CONTRACT & POLICY SERVICES

Assistance for most needs. Policy changes, corrections, filings, certificates, questions on binding requirements & forms, such as claims & warranty, applications & down payments

Toll Free: 1.800.257.5590  
Phone: 1.801.304.5500  
Fax: 1.877.452.6910  
Email: [policyservices@primeis.com](mailto:policyservices@primeis.com)

### BILLING & FINANCE

Assistance on existing accounts receivable, balances, payment arrangements and financing.

Toll Free: 1.800.851.3495  
Phone: 1.801.304.3725  
Fax: 1.800.482.6818  
Email: [ar@primeis.com](mailto:ar@primeis.com)

### CLAIMS

Report a claim or an incident, loss run requests (via email only)

Toll Free: 1.877.585.2849  
Phone: 1.801.304.5530  
Fax: 1.877.452.6909  
Email: [cda@primeis.com](mailto:cda@primeis.com)

### MAILING ADDRESS

Prime Insurance Company  
PO Box 4439  
Sandy, Utah 84091-4439

Phone: 1.800.257.5590  
Email: [info@primeis.com](mailto:info@primeis.com)  
Website: [www.primeis.com](http://www.primeis.com)



## RISK MANAGEMENT INSURANCE TERMS AND DEFINITIONS

**Additional Insured-** A person or organization for who insured status is arranged, usually by endorsement.

**Aggregate Limit-** An insurance contract provision stipulating the most it will pay for all covered losses sustained during the policy period.

**Assumption of Risk-** Understanding (in advance) the hazards and consequences of a particular act and voluntarily accepts that risk.

**Bodily Injury-** Protection against loss arising out of the liability imposed on the insured by law for damages due to bodily injury, sickness, or disease, including resulting death.

**Certificate of Insurance-** A document issued by an insurance company certifying that an insurance policy has been bought and shows the most important provisions of the insurance contract.

**Claim-** A formal notice to an insurance company requesting payment amount under the terms of a policy

**Claims Expenses-** Expenses of adjusting claims, e.g., allocated claim expenses; court costs, fees, and expenses of independent adjusters, lawyers, witnesses, etc.

**Claims Made-** Incidents reported during the year a policy is in force regardless of when the claim is filed

**Deductible-** Amount of covered charges the policy holder must pay before insurance payment begins

**Documentation-** records that describe the structure, purpose, operation, maintenance, and data; supplying of documents or supporting references or records

**Endorsement-** any additional coverage or limitation of coverage contained in any attachment or addendum to the Policy

**Excess & Surplus Lines Insurance-** insurance that cannot be placed with an insurer admitted to do business in a certain jurisdiction

**Exclusions-** Specific conditions or circumstances listed in a policy which the policy will not pay claims

**Exposure-** The state of being subject to loss because of some hazard or contingency. Used to measure to rate the units or premium base of a risk

**Gross Negligence-** A conscious and voluntary disregard of the need to use reasonable care, which is likely to cause foreseeable grave injury or harm to persons, property, or both

**Guidelines-** The act or manner of proceeding in any action or process. Guidelines may be followed at the discretion of the administrator.

**Hazard-** A circumstance that increases the likelihood or probable severity of a loss

**Incident-** A single event that may lead to a claim

**Indemnification-** the act of making another "whole" by returning any loss another might suffer; Reparation for damages or loss; the agreement of one party to assume financial responsibility for the liability of another party

**Liability-** Any legally enforceable obligation; the obligation to pay a monetary award for injury or damage caused by one's negligent or statutorily prohibited action.

**Negligence-** Conduct that falls below the standards of care established by law for the protection of others against unreasonable risk of harm; Failure to use reasonable care in a given set of circumstances

**Occurrence-** An event that results in an insured loss. An occurrence is differentiated from an accident in that the loss doesn't have to be sudden and accidental.

**Per-Person Limit-** The maximum limit allowed for one person and one claim.

**Policy-** The printed legal document stating the terms of the insurance contract that was issued to the policyholder by the company

**Policyholder-** Person who owns an insurance policy

**Property Damage-** Physical injury to physical property including loss of use and loss of use of tangible property that has not been physically injured

**Release-** Document relinquishing a claim; giving up right to pursue indemnity in connection with a claim

**Risk-** The possibility of loss or injury

**Risk Purchasing Group-** A group formed in compliance with the Risk Retention Act of 1986 authorizing a group of insured's engaged in similar businesses to purchase insurance coverage from a commercial insurer.

**Risk Reduction-** Measures taken to reduce the frequency or severity of losses, also known as loss control. May include engineering, fire protection, safety inspections, or claims management

**Risk Management-** The process of identifying, assessing, and controlling; analyzing all exposures for the possibility of loss and determining how to handle the exposures; avoiding risk or reducing risk.

**Self-Insured Retention (SIR)-** (See Deductible) Liability limit is stacked on top of a SIR amount while the deductible is subtracted from the policy limit.

**Underwriter-** individual in insurance who has the responsibility of making decisions regarding a particular risk submission and determining the conditions and premium a policy will be bound.

**Wrongful Acts-** The event triggering coverage under many professional liability policies. Typically a "wrongful act" is an act, error, or omission that takes place while performing professional services.



# PROPERTY & OPERATIONAL SAFETY

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*Awareness and maintenance of possible  
property hazards is an essential part of Risk  
Management and claims reduction.*

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## RISK ANALYSIS

Although you may know your equipment well and have been performing your business operations for some time, you should frequently evaluate every aspect of your operations for risks. Collecting differing perspectives from employees, clients, and professionals will help to notify you of potential risks and subsequently reduce the chance of an accident. To aid you in your evaluation, we are providing you with a four-step process that should be used to check each aspect of your operations.

**S** Spot the Danger or Potential Danger

**A** Assess the Risk

**F** Fix the Problem

**E** Evaluate Results

### Spot the Danger or Potential Danger

Spotting the hazard entails physically looking at processes and observing customer and employee interactions within your business. A hazard is anything that may cause harm to anyone during interaction with your business (whether it is employees or customers). You should enlist the help of others to get a different perspective on what might turn into a danger. Keep in mind, others may know and recognize existing hazards better than you based on their influence to the business. (i.e.: s an employee or a customer).

- **Walk-Through Survey-** You should designate a regular time to travel through the premises and surrounding areas while using a hazard checklist.
- **Work Process Evaluation-** You should go through the process of each activity and note which standards should be met and how they are being followed on a normal basis. We have identified three steps that help narrow the scope of searching for hazards. First, select the area in which most accidents have occurred, and remember, consider all accidents, injury, property damage and near-miss accidents. Second, consider the areas that have a potential for severe accidents. Finally, study newly established areas carefully or review any changes in existing methods or processes.
- **Consultation-** Remember that employees are usually the best source of knowing what can go wrong and why, based on their experience. Consultations can take the form of formal discussions during safety committee meetings or Informal discussions occurring during on-the-job contact or during work breaks. Feedback is an important element when soliciting advice from employees. With positive feedback/rewards, employees will more likely to point out hazards in the future.
- **Manufacturer's Instructions-** The instructions provided by the manufacturer are an important source of information about hazards associated with equipment; following the manufacturer guidelines in a requirement of your policy. If you do not have the manufacturer's instructions for use, you will need to order a copy from the manufacturer.
- **Specialist Practitioners and Representatives-** These representatives and professionals could be from industry associations, unions and/or government bodies. They may be of assistance in gathering health and safety information relevant to hazards associated with your operations.

### Assess the Risk

A risk is the likelihood of a hazard actually causing harm/damage to a person/ property during contact with your business. You should ask yourself:

- Am I capable of assessing the risks for my operations myself?
- Is someone else more capable of assessing the risks, and have they done so in the past?
- Have reasonable steps been taken to find out what the risks are and what to do about them?
- Which items identified pose the biggest risk?
- How soon can I reasonably fix this problem?

## Fix the Problem

Exposure to hazards must be controlled, especially when they may present risks to the health or safety of persons that come in contact with your business. This control is able to be accomplished by using a series of five consecutive stages. These five stages are described below in order of priority and effectiveness. Consider how these stages can be carried out within your organization immediately and in the future.

- **Elimination-** This stage involves removing the hazard from your operations. In many cases, it will be more beneficial to dispose of a piece of equipment, device, or process rather than to keep it in your business. The risk may not be worth the extra income that the equipment or process brings into the business.
- **Isolation-** Isolation involves separating customers or employees from a risk by relocating the hazard to a remote location, or by segregating the hazard to prevent personal exposure (i.e. constructing walls or a shield around equipment to block moving parts).
- **Substitution-** Substitution involves replacing a hazard with something that, although it may still be a hazard, significantly reduces the level of risk.
- **Engineering Controls-** Minimize the creation of the risk at its source or by controlling the hazard's potential risks by limiting its effect (i.e. install proximity sensors to shut down equipment in the event of people getting too close to a danger zone).
- **Administrative Controls-** Address the health and safety of customers and employees by:
  - ü Implementing and documenting safe work procedures
  - ü Provide correct training procedures for employees
  - ü Limiting and/or adjusting the conditions of risk exposure.

## Evaluate Results

Consult with employees, trained professionals, associations, or organizations that are familiar with the risks of your operations to determine:

- The potential effectiveness of the control measures that were developed in the "Fix the Problem" stage. Specifically, will the risk be reduced if the control measure is applied?
- Whether the application of a chosen control measure introduces new hazards

If new processes or equipment are introduced, a separate risk assessment should be carried out for each item and new control measures should be developed. Control measures should be reviewed at least once a year. In general, all risk management procedures **must** be repeated at random times and at intervals whenever there is reason to suppose the previous safety results are no longer valid. Further, assessment records should be kept for a period of five years after the last revision.

## Tools to Help You Manage Risk:

- Inspection Forms (City, Associations, Private, In House, etc.)
- Maintenance Records
- Employee Training and Certifications
- Safety Signs and Instructive Brochures
- Pictures and Video
- Contracts and/or Liability Waivers

## SECURITY

Proper attention to security issues helps protect against robberies, acts of vandalism, identity thefts, unauthorized access to important information, etc. Security measures help control overall operations and can also be used for documentation in the event of an incident or claim. A security assessment of your business should help identify where security is weak and what can be done to strengthen it. The following topics will briefly explain possible issues that may arise. Please use these topics as a checklist as you assess the security of your business.

### **Doors, Gates and Locks**

Your locks should be inspected on a frequent basis to ensure that they are in proper working condition and to verify that there is no sign of tampering. Sturdy metal or wood doors should be used for the entrance and exits if possible to help deter unauthorized access. Use high fences and/or fences with barbed or razor wire. In addition, sealed hinges should be used on outdoor accesses or gates to ensure that the door/gate cannot be removed. Finally, a scheduled walk-through should be made each time the business is closed up for the day to ensure all areas are locked.

### **Keys**

Pre-establish a system that designates those who will need a key to your business. As new employees come and previous ones leave, you should have a record of who needs a key and who needs to return one. Keep a "Key Sign In/ Sign-out Log" up to date and protected in order to maintain control of the access to your business. For each key given out, have "Do Not Copy" printed on each key. This will help the key from being copied and falling in to the wrong hands. If relevant and if funding permits, an electronic-key access system is a great benefit to your company. Not only will electronic keys be easy to reconfigure for security updates but the system will also be able to record when and who is accessing the business.

### **Security Systems**

It is advised to have a security system that has sensors on the doors as well as the windows. Many security companies will try to install systems with the minimum amount of sensors in order to save money. Make sure you are getting sensors for each possible access point and for motion detection. Stickers and signs obtained from the security service provider should be used around the business to help discourage people from trying to break in or vandalize the premises. Sometimes, all it takes is for an intruder to notice the signs and stickers of a security company in order to leave a business alone. Further, if circumstances and funding permit, the use of a security patrol or an off-duty police officer will help secure the business' premises. Regularly evaluate how successful your security system would be in the event of a break-in.

### **Cameras**

When possible, cameras should be set up on all angles of the business. Depending on the activity level of your business, plan to have cameras at all critical points (i.e. access points, money transactions, customer interactions, etc.). Cameras not only deter people from stealing and vandalizing but also record any facial or body characteristics that will be useful in the event of an incident or claim. Video surveillance should be hooked to a recorder and be kept for as long as possible to preserve any needed evidence.

### **Windows**

To help deter security problems around first floor windows, make sure windows are secure with bars or grates. It is helpful to use smaller windows rather than one large window. Also, make sure all windows are shut and locked up prior to leaving the premises for the day/night.

### **Lights**

Make sure that proper and adequate lighting is provided in the access areas of the business. Fewer robberies take place in areas that are well lit. Further, make sure that the lighting is adequate in parking areas for patrons and employees that are coming to and from your business in the dark. Flood lighting is preferred in parking lots to make sure all areas have adequate lighting, no matter where someone is parked.

### **Visible Items**

Take on the perspective of a potential intruder. Look for items that are visible in the day and night that are of high value. Come up with a plan of action that will remove the item(s) from visible site during hours after your business is closed. Sometimes it doesn't matter if there is a lock on the door, adequate lighting, and/or a security system. If high priced items look easy to steal, people will attempt to take it. It is helpful to have shades or tinted windows to minimize how much can be seen after business hours. Also, you can remove display items or items of value from visible site and place them in a locked room or safe for the night.

### **Inventory**

Inventory evaluations will alert you to any losses that are occurring between the number of reported items (i.e. consumer products ordered, rental equipment, parts of rental equipment, etc.) and the actual number of items. You can do inventory on your own or have a company come in to check the accuracy level of items you claim to be in the business. In general, inventory-reporting procedures should be used on a frequent basis to check on how product flow is accurately being reported. Specifically, inventory control should be used when rented items or equipment are issued and returned.

### **Computer Systems and Confidential Information**

With the growing threat of identity and information theft, it is increasingly important to maintain high levels of security on company computers and databases. Consult a professional on the type and level of security for your situation. In general, you will want to use firewalls, complex passwords, information encryptions; locked rooms for computers or servers, etc. Also, in many situations you will be collecting sensitive information from customers, vendors, or renters (i.e. rental agreements, registration forms, release forms, emergency contacts, addresses, etc.) on paper. This sensitive information needs to be protected in order to preserve the integrity of your operations by not allowing the information to be stolen or misused. Further, this information could also help protect you in the event of an incident or claim. In general, lock the information up or store it in a safe or case that is water and fire proof.

## **DOCUMENTATION AND RECORD KEEPING**

While keeping records requires additional time and effort, the information is critical to a successful operation. An accurate record keeping system suited for your business operations will allow you to regularly provide information and enable you to monitor performance and identify issues that need attention. Start by looking at what documents are important and what you should be doing with them. Your basic record keeping system should be easy to use, understandable, reliable, accurate, and timely. Start by looking at what documents are important and what you should be doing with them. Consider keeping records of daily, weekly, monthly, and/or yearly reports that include a variety of information.

Staff should be thoroughly trained on how and when to record operational activities. If you have more than one operation or location, you should keep a complete and separate set of records for each business.

### **Why is documentation needed?**

- Provides information in the form of task records and respective conditions that could prove useful in the event of a claim
- Allows you to review the results of operations based on current conditions and circumstances
- Outlines favorable operational conditions that result in a safe and productive work environment
- Provide control over the operations and improve the management and efficiency
- Helps you keep in touch with your business's operations and obligations and help you see problems before they occur
- Saves yourself the trouble of locating misplaced documents in the event of a claim

### **What to Include?**

- Name and position of the personnel completing report
- Staff involved in the activity
- Location(s)
- Type of activity
- Participants
- Weather (If applicable)
- Completed Inspections
- Safety Meetings/Training Programs
- Incidents that may have occurred
- Action taken regarding accidents and/or incidents
- Equipment Used
- Equipment/Property Maintenance
- Summary of your business transactions (Invoices, Forms, Contracts, Permits, Gross Receipts, etc.)

## BUILDING SAFETY

Buildings and premises can harbor many different types of risks which could lead to a wide variety of claims. Awareness and maintenance of possible property hazards is an essential part of Risk Management and claims reduction. Your guests and customers could be subject to "slip and falls" or other accidents in and around your business; which contributes to thousands of claims and lawsuits annually. Damage to the property itself, fire or water damage for example, may also arise from safety threats that are left unchecked. Management should regularly walk around the entire premises and carefully scrutinize each area to make sure it is a safe environment. It is useful to ask the question "What if?" about all possible areas and situations relevant to your property.

### **The following is a partial list of some things to look for:**

- Floors - uncluttered and free of standing liquids and undamaged carpeting and/or tile
- Entrance/Exit - unobstructed, clearly visible, and well-marked (lighted exit signs for visibility at night) Lights - operational, adequate and undamaged
- Floor coverings (carpets, etc.) - secured and undamaged
- Fire alarm boxes undamaged and properly functioning
- Fire extinguishers undamaged, charged, and inspected. Please refer to the next page for more information about fire extinguishers
- "No Smoking" signs visible
- Storage area secured from unauthorized entrants
- Annual heating and air conditioning inspections
- Electrical inspections by an electrician. No exposed wires etc.
- Regular Boiler inspections
- Outdoor premises should be free of hazards, such as loose hoses, lumber, nails, or other construction materials
- Regular Elevator/Escalator inspections
- Handrails located on sets of stairs are undamaged
- Safety rules posted and undamaged
- Parking areas and surrounding walkways should be level and in good condition
- Mold, mildew or water damage present, to be removed/treated by a licensed restoration contractor
- Dead, dying or overhanging tree limbs to be removed by a professional

We have included the *Monthly Safety Inspection Checklist* for your business to utilize to identify and improve safety risks of your business and premises. Inspection documentation and maintenance actions taken should be kept in a file for reference in case of a claim. Without documentation, your efforts to minimize risk on your property could be overlooked in the event of accident or claim.

## MONTHLY SAFETY INSPECTION CHECKLIST

Inspection Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### **General Housekeeping**

Maintenance Needed

Notes

Floors:	Y / N / NA	_____
Walls:	Y / N / NA	_____
Stairs & Railings:	Y / N / NA	_____
Walkway Clearance/Markings:	Y / N / NA	_____
Washrooms:	Y / N / NA	_____
Storage Rooms:	Y / N / NA	_____
Break Rooms/Waiting Areas:	Y / N / NA	_____
Piping (Water-Steam-Air):	Y / N / NA	_____
Ventilation:	Y / N / NA	_____
Rodent, Insect, & Vermin Control:	Y / N / NA	_____
Snow & Ice Removal	Y / N / NA	_____
Waste Disposal:	Y / N / NA	_____

### **Lighting & Wiring**

Lights on During Shutdown:	Y / N / NA	_____
Frayed/Defective Wiring:	Y / N / NA	_____
Overloading Circuits:	Y / N / NA	_____
Grounded Machinery:	Y / N / NA	_____
Proper Location:	Y / N / NA	_____

### **Machinery**

Machinery Supervision:	Y / N / NA	_____
Operational Manual/Instructions:	Y / N / NA	_____
Safety Signs:	Y / N / NA	_____
Machinery Condition:	Y / N / NA	_____
Storage:	Y / N / NA	_____
Safeguards:	Y / N / NA	_____
Lock Out/ Tag Out:	Y / N / NA	_____

### **Material Storage**

Hazardous & Flammable Material:	Y / N / NA	_____
Proper Containers & Labeling:	Y / N / NA	_____
Proper Stacking:	Y / N / NA	_____
Proper Lighting, & Warning Signs:	Y / N / NA	_____

### **Emergency Action**

Emergency Action Plan:	Y / N / NA	_____
First Aid Kits:	Y / N / NA	_____
Safety Stations:	Y / N / NA	_____

### **Security/Fire Protection**

Doors/Windows Etc. Secured:	Y / N / NA	_____
Alarm Operation:	Y / N / NA	_____
Panic Bars Operational:	Y / N / NA	_____
Fire Extinguisher Charged:	Y / N / NA	_____
Exit Lights/Doors/Signs:	Y / N / NA	_____

### **Other Comments**

Y / N / NA	_____
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## FIRE EXTINGUISHERS

Fire extinguishers are essential to any business, property or premises. It is important to purchase the correct type of fire extinguishers for the type of potential fires that could occur on your property. You may need more than one type of fire extinguisher for your premises. However, take note that some types of extinguishers can be used on more than one kind of fire. More importantly, extinguishers are designed to put out certain fires. They will have warnings not to use them on particular fires because it could be dangerous. The information below will help you decide which type or types of fire extinguishers are appropriate for your operations, as well as give you guidelines for proper maintenance and inspection.

**Fire Type:** is determined by fuel source.



Class A: Ordinary Combustible Material- wood, cloth, trash, plastic etc.



Class B: Flammable Liquids & Gases- gasoline, paint, propane, butane



Class C: Electrical- energized electrical equipment, motors transformers, appliances



Class D: Combustible Metals- potassium, sodium, aluminum & magnesium



Class K: Kitchen- cooking oils & greases

### Extinguisher Type:

The fire extinguisher type is determined by the extinguisher's contents.

- Water & Foam: Water should only be used on class A fires. Foam can be used on class A & B fires
- Carbon dioxide: Can be used on class B & C fires, ineffective on class A fires
- Dry Chemical: Effective on B & C fires only
- Multipurpose Dry Chemical: Most widely used. Effective on A, B & C fires
- Cartridge Operated Dry Chemical: Multipurpose for A, B & C fires
- Halogenated/Clean Agent: For use mostly with B & C fires. Includes oxygen displacement halocarbon agents that replaced the older "Halon" extinguishers.
- Water Mist: Alternative to Clean Agent extinguishers. For use mostly with class A fires but are safe for class C
- Dry Powder: For use on Class D fires only. Ineffective on all other types of fires
- Wet Chemical/K Class- Used for class K fires. Also for use in commercial kitchens w/ deep fat fryers

### Inspection:

Fire extinguishers should be inspected (quick check) every 30 days with the following confirmed.

- Fire extinguishers are in the correct location
- Fire extinguishers are visible, accessible & walkways are clear
- The gauges show the correct pressure

### Maintenance:

All fire extinguishers should be inspected annually to be in compliance with local, state and national codes.

- Annual inspection should be performed by a professional
- Thorough examination of mechanical parts & chemicals
- Recharged, lubricated, parts replaced if necessary



## SAFETY AND WARNING SIGNS

Failure to warn, inform, and provide proper instructions are three of the most common allegations of personal injury lawsuits. Safety and warning signs are an effective way to alert patrons to the potential dangers of your business operations as well as provide information or instruction about how to remain safe during the respective activity. You can reduce your liability by posting signs on and/or near the potential hazards of the activity or property. The purpose of safety signs is to warn of the dangers of the activity, reduce the risk of an accident, and help mitigate a claim or lawsuit that may arise. When developing safety signs in accordance to your policy requirements and operational risks, please follow these basic guidelines:

### Evaluation

- Conduct an operations evaluation and walk through to determine what type and how many of each sign you will need
- An excellent rule is to have a visible sign from any angle of the premises and point during the activity
- It is recommended that more than one sign be used to provide the same information in a few different places around the premises when applicable

### Sign Placement

- Signs should be positioned to be in a highly visible location.
- Consideration should be made for visibility of signs for persons of varying height
- Post directional signs in rooms, entryways, exits, offices, etc.
- Position emergency evacuation information in visible areas in case of fire or other emergency
- Post warnings on and near equipment, indicating proper and improper use of equipment
- Position warning where guests, spectators, or other non-participants are located may be at risk

### Sign Headers



**DANGER** Use in extreme situations if death or serious injury will occur if a situation is not avoided



**WARNING** Use if death or serious injury is possible if a situation is not avoided



**CAUTION** Use if mild to moderate injury is possibility if situation is not avoided



**NOTICE** Use if personal injury is not a credible possibility

### Sign Message

- Use simple, understandable language
- Use pictures, diagrams, and symbols where possible to ensure universal understanding
- Signs must be clearly visible, have large print, and be undamaged
- If a significant portion of your customers are non-English speaking, you should also post signs in their native language
- Post safety rules and information about expected attire, conduct, and behavior regarding any activity or equipment being used.
- Post warnings and notifications concerning health and safety issues relevant to the activity in which customers will be participating
- Post “No Smoking”, “Employees Only” and “No Alcoholic Beverages” signs wherever appropriate

### Maintenance

- Clean signs regularly to ensure they are readable at all times. (Tip: Apply Armor-All or similar products to reduce dust accumulation and prevent UV damage)
- Treat reflective signs with the same care as you would a camera lens
- Wooden signs should be conditioned with a wood conditioner when needed
- Remove any acts of vandalism or graffiti. (Tip: Mild solvents are effective for removing graffiti; the sooner they applied the better they will work)
- Inspect signs on a regular basis for natural wear and tear
- Replace any cracked, rusted or damaged signs and their mountings

## EQUIPMENT MAINTENANCE

Don't wait for equipment failure. Day-to-day maintenance and repair of your equipment helps you to avoid unnecessary risks. Additionally, maintenance allows you to have peace of mind knowing that your property is safe and reliable. Review maintenance records to target potential problem equipment for timely repair or replace decisions. Maintenance procedures performed proactively rather than reactively are usually completed quicker, better and at less cost.

The maintenance level of your equipment, in general, can determine the amount of problems that will occur during operation. Furthermore, your equipment's condition and suitability will frequently be the subject of litigation whether or not anything was wrong with it. Maintaining equipment regularly and keeping accurate records will help in defending you or your company in the event of an accident or claim. Therefore, it is essential that you keep maintenance records for each piece of equipment. Record and retain documentation of repairs or part changes so that records will be complete and available for review at any time. Additionally, you may want to include date of purchase, equipment serial and/or model number, manufactured company name and phone number, maintenance company name and phone number, etc.

To assist you in creating a maintenance log to meet the specific needs of your operations, we have provided you with a basic *Equipment Maintenance Documentation Log*.

### **When developing your own maintenance program, please follow these basic guidelines:**

- An individual employee should be designated to manage preventative maintenance checks
- Each piece of equipment should have its own preventative maintenance schedule
- Equipment that is in any way damaged, faulty, or in poor operation condition should immediately be removed from use and secured until repaired
- The manufacturer's recommended use and maintenance requirements must be followed
- Equipment that gets used daily should be inspected daily or before each use
- Keep an accurate list of permanent business equipment used on both a regular and stand-by basis
- Scheduled tests and inspections should be in place to determine whether or not the equipment and controls are in good operating condition
- Equipment inspections must be documented and repair records should be saved for a minimum of three years or your respective state's Statue of Limitations.
- Equipment procedures and maintenance guidelines should be kept in a central location for quick reference when needed.



## **TRANSPORTATION RISKS**

In general, transportation accidents, incidents and claims make up a large percentage of the overall reported claims in the insurance industry. Businesses involved in the transportation industry are at a high risk of exposure to incidents and accidents on the road. There is a good possibility that an accident could occur every time you or your staff gets behind the wheel. Precautions should be taken in all areas of business operations that involve any kind of transportation. Many tools can be utilized to help reduce the amount of accidents on our roadways. The most effective ways of combating transportation risks are established policies and procedures, staff screening using good judgment, and staff training.

### **Policies and Procedures**

The number one way to alleviate transportation risk is through the creation and adherence of policies and procedures for your business operations. In result, set up a series of guidelines that will act as a standard (i.e. staff manual or driver certification) that each driver will read and study. In addition, you should set up a sign off system to certify that they have read and understand each policy and procedure. Drivers should know your expectations by having each standard printed in an employee manual that they can refer to when questions arise.

### **Screening**

Screen all employees that you intend to be driving for your business. Each driver should have a Motor Vehicle Report (MVR) pulled for them before they are hired and an MVR for each subsequent year they work for you (this may also be a condition for your insurance coverage). Drive with potential employees during the interview process. It is more beneficial to you to spot aggressive or reckless drivers in the screening phase rather than waiting for an accident to occur.

### **Judgment**

Use of overall good judgment is the most important factor in incident and accident prevention. In your due diligence, you should be able to find out whether the potential employee intuitively drives safely, displays caution, and shows responsibility while in the interview and during a trial period. If you are having a difficult time finding good drivers, adjust your new-employee search techniques in order to find high quality drivers rather than settling for poor performance drivers. Always be searching for employees that share your concern for the welfare of the business and take responsibility by driving carefully.

### **Staff Training**

Staff training helps combat transportation hazards. The more time and effort you invest in training your employees to drive cautiously, the fewer problems you should encounter. Start new employees with a driving course that will test and train their abilities and thought processes while driving. Training programs such as defensive driving courses should be utilized frequently. Implementing regular ongoing training courses for your staff can further decrease the likelihood of an accident or claim occurring.

In recent years driving while distracted has become an increasing problem because of today's technology. Distracted driving can be visual, mental, or physical and has been associated with driving under the influence. Electronic devices such as cellular phones and GPS should not be used while driving. A standard driving check and customized adjustments should be performed prior to transportation in order to reduce these distractions (i.e. mirrors, seats, steering wheel adjustment, etc.). Preparedness before driving a vehicle is one of the top ways to reduce distractions.





## **ENVIRONMENTAL RISKS**

As you investigate and assess the risks inherent to your operations, you will find that some are controllable through your efforts and some just need to be managed. Environmental risks are risks that are largely unpredictable, are always changing and thus are not able to be controlled. Environmental risks may include weather and climate, terrain, altitude and air quality, etc. The best you can do is plan for a variety of conditions to help alleviate some of the risk exposure your staff and patrons will encounter. The following guidelines, as well as having well trained staff members and excellent customer or participant supervision, are effective ways to help reduce environmental risks exposure.

### **Rain and Snow**

Obtain current and projected weather reports/conditions for each location of business operations. Be prepared for wet or icy conditions when and where applicable. This preparation will reduce the chance of being subject to flooding, mudslides, drowning, slipping, water damage, avalanches, etc.

### **Wind**

Make sure that all equipment is tied down and that there is not a lot of “top heavy” conditions that will cause equipment to tip over at any time. Wind can tip over machinery causing damage to equipment or causing injury/death to your staff or participants. Specifically, wind is a major cause of injuries, incidents and claims for inflatable equipment and events. Most incidents could have been or can be avoided by taking the equipment down in high-speed winds and verifying that it is properly tied down.

### **Temperature Extremes**

Verify that equipment (vehicles, machinery, generators, rafts, inflatable units, and other equipment) recommendations, dealing with temperature ranges during operation, coincide with the possible temperatures that will be encountered. Watch your equipment closely as the temperature fluctuates during your operations. It is important to alert participants of possible variations in temperature and give recommended solutions for extreme (cold or hot) weather.

### **Terrain**

Verify that all trails and routes are in safe condition and that the capability of the participants matches the level of trail difficulty. What may have been a viable route one season may not be safe another season. For example, increased water conditions can cause flooded areas, slippery areas, difficult driving situations, landslides, mudslides, etc. Map out recommended routes and warn against uneven or unstable terrain. Train participants what to do as they encounter different types of terrain so that there won't be any confusion.





# EMPLOYEES

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*In most cases, the only contact customers will have with your company is through your employees... their actions or inactions will reflect on your company, as well as on you personally.*

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## EMPLOYEE MANAGEMENT

Your employees play an important role in implementing safety with your clients, customers, and guests. In most cases, the only contact customers will have with your company is through your employees. Your employees' actions or inactions will reflect on your company, as well as on you personally, in the case of a claim or lawsuit. It is in your best interests to ensure that your employees know what their job/tasks are and how they should complete them properly. Training your employees to be alert to potential risks and knowing ways to avoid those risks will help reduce the probability of an accident. Additionally, they should act as the "eyes and ears" of your organization by being attentive to potential risks/dangers/injuries. Proper training now can reduce the risk for future claims or lawsuits.

**Some of the steps you can take to ensure better hiring, training, on-the-job knowledge and less risk to your organization are as follows:**

- Supply employees with job descriptions and continually update the descriptions as necessary.
- Keep a detailed and current employee manual and safety policy.
- Outline and address safety items that need to be covered in regular staff training meetings.
- Prior to offering a position to candidates it is always a good idea to run a background check on the individual and have a drug test performed regardless of your type of business
- Keep a personnel file for every employee that should include:
  - Job application and resume
  - Job description
  - Prescreening and Interview notes
  - Employment and Education verification
  - Background verification and drug screen results (if applicable)
  - Signed copy of offer letter (if applicable)
  - Signed Employee Handbook acknowledgment form
  - Signed Safety policy agreement sheet (if applicable)
  - Checklist for new employee orientation
  - Photocopies of relevant certifications and training history results
  - Employee appraisal or performance review results including any commendations or warnings
  - W-4 form (I-9 should be kept in separate file)
  - Authorization for release of private information (if applicable)
  - Authorization for all other payroll actions/deduction (if applicable)
  - Emergency contact sheet

**\*DO NOT include in an employee file any materials, medical records, investigation records, or other statements that could be viewed as discriminatory in nature.**

We have included an outline of topics that should be included within a job description, employee handbook, and/or safety meetings. There may be some items that do not apply to your business model. Therefore, please change or expand on the outline with information that is relevant to your business.

## EMPLOYEE PROFILE

Name: \_\_\_\_\_  Seasonal  Year  
Round

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Driver's license #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Companies Worked For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Licenses, Certificates, & Training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Hired: \_\_\_\_\_

Employment Classification: \_\_\_\_\_

**I certify that the above information is accurate and true to the best of my knowledge.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## EMPLOYEE HANDBOOK

The employee handbook is a useful risk management tool that addresses important aspects of your business operations. It is a reference guide to inform and help train employees of your expectations, rules and consequences. Each employee should be given a handbook along with formal training about all of the included information. Employees should be encouraged to refer to the handbook often to reinforce your company policies and procedures. Although the handbook cannot replace personal communication and training, an effective employee handbook is invaluable. Your employee handbook should be a manual of policies and procedures and should not create a contract of employment. Be sure that the employee handbook encompasses all areas of your business operations. We have provided guidelines to help you create a customized employee handbook for your operations.

### Employee Handbook Guidelines:

#### Company Information

- Company Introduction (Mission Statement)
- Employee Handbook Acknowledgement Form
- Business Ethics & Conduct
- Hiring Policies, Practices & Procedures
- Background Check Policy
- Equal Opportunity & Nature of Employment
- Conflicts of Interest
- State, Federal, & Local Regulations
- Drug & Alcohol Policy
- Harassment Policy
- Conflict/Problem Resolution
- Vacation, Sick, Holiday Time, Etc...
- Jury Duty, Bereavement & Military Leave
- Benefits
- Workplace Safety
- Workers Compensation
- Personal Auto Use & Business Travel
- Professional Appearance & Standards
- On-Going Training & Certifications

#### Employee Information

- Personnel Information & Changes
- Employee Conduct & Work Rules
- Introductory Period
- Performance Evaluations
- Disciplinary Action
- Employee Classification (i.e. part time, full time)
- Hours of Work
- Attendance & Punctuality
- Overtime Policy

#### Customer Policy & Procedures

- Safety Overview & Plan
- Equipment & Facility Inspection Procedures
- Safety Talks & Orientation for Customers
- Emergency & Evacuation Plan & Procedures
- First Aid & C.P.R.
- How & When to Use Incident Report Forms
- Insurance Regulations and Incident Reporting
- Quick-Reference Emergency Contacts
- Inclement Weather Policy
- Media Communication Policy
- Contracts and Forms
- Risk Management Plan

**Job Description:** In addition to an Employee Handbook, each employee should receive a copy of a complete job description for their respective positions. The job description should include a detailed list of specific tasks, duties and responsibilities that the employee is expected to perform. Also included should be the scope and authority of the position.

## EMPLOYEE SAFETY MEETINGS

Holding regular safety meetings gives you a chance to review with your employees current and future risks in the workplace. As new risks are encountered they should be added to the meeting agenda so all employees are made aware of how to prepare and respond to such risks. Safety meetings should occur at least every month, however, it is highly recommended to hold meetings on a daily or weekly basis. Information discussed during safety meeting should be documented and signed by every employee verifying that the information has been reviewed. Below is an example of a safety meeting outline, please feel free to tailor it to your organization.

### Incidents, Accidents & Injuries

- Review any incidents that have occurred in your company since the last meeting
- Discuss any changes that have been planned or made as a result
- Discuss incidents that have happened in other related operations or companies
- Review updates to the company's Accident Prevention Plan from "lessons learned."

### Results of Safety Inspections

- Discuss the results of recent safety inspections.
- Follow up on assignments for eliminating or controlling identified hazards.
- Encourage employees to identify any unsafe conditions or tasks, and report them to management.
- Discuss ways to eliminate or control any hazards/risks.
- Assign responsibilities for eliminating or controlling identified hazards/risks.

### Training

- Discuss any new safety operation procedures that need to be implemented.
- Review of any new equipment that will be used, how to properly use it, and any other general manufacturer guidelines for the equipment.
- Present a "Safety Topic of the Month" and discuss the chosen topic.
- Review basics of the established Emergency Response. (i.e. - scenario training, simulations, drills, etc.)

### Open Forum

- Encourage anyone who has a concern about safety and health should bring it up for discussion.

### Next Meeting

- Set the time, date and place for the next meeting.

### Notes:

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### Attendees

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# CUSTOMERS/PARTICIPANTS

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*The most common allegation of a lawsuit is that you failed to warn and inform customers or participants of the inherent danger. Continuous supervision of customers or participants is an effective way of reducing this risk.*

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## REGISTRATION FORM

The information you obtain from using a registration form will help you and your staff identify risks, hazards, and special requirements of participants during a trip/event. Obtaining information helps you know what to expect so you can anticipate possible risks and implement management procedures to minimize those risks. Additionally, you will have more information available to help handle the unexpected.

Another benefit of using registration forms is that information gathered on the form helps you store personal data for each participant that can be helpful in an emergency. Be alert to individuals with known health problems that could potentially be a threat to themselves or other participants. It may be necessary for individuals with known health problems to obtain a physician's consent to participate in the activity. Do not collect the registration form just to retain information, use the information! Be aware that if you have obtained information and do not use it that it could present a larger risk in the event of an injury/accident.

Gathering registration information is not going to be practical in all situations. Above all, it is important that you receive adequate information from participants for the respective activity. You may use a registration form in conjunction with liability release or rental forms; however, the registration form should be kept separate from the other forms. Major

**In general, registration forms for activities should include the following:**

- Participant Contact Information
- Emergency Contact Information
- Age & Birthday
- Medical History
- Other personal information relevant to the activity
- Personal Medical Insurance Information
- Signature and Date

Sample Registration Form				
Name: Last	First	Middle	Home Phone	Work Phone
Physical Address:	City	State	Zip	Email Address
Emergency Contact:	Name	Relationship	Phone Number	Date of Birth
Do you have any medical conditions? If yes, please explain.				
Do you take any medication? If yes, please specify.		Do you carry medical insurance? If yes, please list provider and policy number.		
Do you have any dietary restrictions? If yes, please specify.		Do you have allergies? If yes, please specify.		
Do you have any physical restrictions? If yes, please specify.				
I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and to others. I certify that the above information is accurate and true to the best of my knowledge.				
_____		_____		_____
Print Name		Signature		Date

## PARTICIPANT SAFETY ORIENTATION

Safety talks will inform participants about correct operating process and procedures that will enable them to participate in the activity safely. Safety talks should be given before each activity and with all participants present. Make sure that there are no language barriers or words/jargon used that the participant(s) may not understand. Have a translator or written translation available for those that speak other languages.

The most common allegation of a lawsuit is that you failed to warn and inform participants of the inherent dangers of the activity and/or that you gave improper or inadequate instructions on what to do and how. Instead of relying on your staff to remember all of the steps by memory alone, provide a written outline to them. A written outline of the important points of a safety talk will assist new staff in learning your program and prevent seasoned staff members from forgetting necessary items.

The outline provided covers the important points that should be contained within a safety talk. You should include specific instructions concerning equipment and proper technique for conducting the activity. Remember, a safety talk will be different and unique depending on the area and activity. The provided outline should be used as a general guideline to assist you.

### Safety Talks Outline

#### I. INTRODUCTION:

- Introduce yourself and your staff
- Tell the participants to listen carefully and make notes if possible or applicable – Notify them that as participants, they share the responsibility for safety

#### II. TRIP SPECIFICS:

- Introduce the equipment being used, explain proper usage, and relevant safety information
- Describe inherent dangers, i.e., Cold water, hypothermia, tripping, falling, other environmental conditions, etc.
- Explain proper equipment usage
- Demonstrate proper technique, (i.e. methods, procedures, manufacturer's recommendations, etc.)
- Explain what to do in case of an emergency, (i.e. if you are hurt, lost, etc.)

#### III. PARTICIPANTS RESPONSIBILITY

- Explain the level of physical involvement
- Ask if anyone has any medical/physical conditions
- Explain that NO drugs and/or alcohol shall be consumed prior to or during the activity
- Ask them to notify the guides if they observe any problems with the equipment, participants, or environment, and to report any incidents or accidents

#### IV. CLOSING

- Verify that everyone has signed a release form
- Ask if there are any additional questions

#### **Note:**

To further protect your operations, document information discussed during safety talks that participants can sign off on. Additionally, provide a hard copy of the safety information that will be easily accessible to each participant at all times.

## LIABILITY RELEASES

Prior to participation, all participants involved in any activity with you, the insured, are **required** to sign a waiver and release of liability acknowledgement and assumption of risk form that has been approved by Risk Management in order for coverage to apply. We have provided a sample Participant Agreement, Release, and Acknowledgement of Risk form on the next page. A customized liability release form will automatically be sent to you within two to three weeks of binding your policy. If you have a form that you believe contains the necessary language, and you prefer to continue using it, please submit it upon binding to RMD for review and approval. Contracts that have been issued and/or approved by RMD are, however, for the intent and purposes of the insurance carrier and are not considered a guarantee to uphold all legal or court cases.

In certain cases, it is difficult ensure that every participant has signed a release form; therefore, it is imperative to have safety rules posted wherever possible. Safety signs should never be used to replace a liability release especially when it is possible to collect from each participant.

### The Release Form has several sections, all of which are important:

- **Parties Involved:** The first section acknowledges all parties that the agreement concerns and that may be involved in the event of a claim.
- **Assumption of Risks:** This section generally states the acknowledgement and acceptance of the type of risks involved in the activity, "I voluntarily participate in an activity with known and unanticipated risks, which I agree to accept for myself and others. Otherwise, I would choose not to participate".
- **Release:** This section states that in the event of an accident which is not due to gross negligence, willful or wanton misconduct, intentional wrong doing, etc., that the participant voids the right to seek legal action against you or your business for damages.
- **Insurance and Expenses:** The participants are also asked to confirm their ability to cover medical and legal expenses incurred as a result of an accident. Participants also agree to cover your legal defense costs if the lawsuit is eventually ruled in your favor.
- **Jurisdiction:** This section specifies the state the lawsuit will be enforced and tried. It is important that a legal advisor familiar with the state laws reviews the release document.
- **Severability:** The severability clause states that if any portion of agreement cannot be upheld by a court, the rest of the document will still remain valid.
- **Signature and Personal Information:** By signing the agreement the participant agrees and acknowledges they have read the document, understands it completely, and agree to be bound by its terms. In the event of a claim, we will need a record of the names and addresses of everyone participating in the activity.
- **Minor Release:** If a participant is under the age of 18 a parent or legal guardian (a person who has the legal authority to care for the minor) is also required to sign the release form on behalf of the minor.

### Requirements for the release agreement are as follows:

- Each participant must sign his or her own agreement.
- The release form must be signed by the participant and/or legal guardian on an event basis. However, there are instances when a release form is permitted to be signed once a year. Please refer to the instructions include with your customized release form for guideline for your specific operations.
- The form should be a separate page and not be on the same page as a registration or sign up form. In addition, the participants must be given adequate time to fully read the form.
- Do not allow anyone to modify the form in any way.
- These documents should be saved for a minimum of five years or according to the statute of limitations time period for the state in which the activity takes place. (Please contact RMD if you would like help finding your states statues of limitations.)

**IMPORTANT!** There is a common misconception that using disclaimers and/or liability release forms will prevent any and all lawsuits against your operations. Although disclaimers and/or a signed form provide vital legal protection, it should be one of many methods you use to manage the risk of your operations.

## DIGITAL AGREEMENTS GUIDELINES

Federal and state laws provide electronic signatures the same legal status as handwritten signatures. However, enforceability of an online agreement will depend on the circumstances of the transaction. Please note that there is no guarantee that all parties will be completely protected, with paper **OR** electronic signatures. Because of the nature of release forms, the risks and liabilities that could result should be managed aggressively. Please see below for risk reduction strategies for digital agreements.

### Here are some guidelines to follow:

- Require the distinct acceptance of the Release/Rental Contract before the transaction or payment is completed.
- Make the option for declining easy and understandable. Also, allow users to exit the process at any time.
- The more the steps or actions the customer has to make to accept the agreement, the better.
- Place the “Accept” option at the end of the terms to ensure they have been read.
- Include evidence that the only way to access the product or service is to scroll through the terms and to select the “I Accept” or “I Agree” button, or have them type “I Accept” or “I Agree”.
- Record the time, date, and source of which the customer accepted the agreement, and keep the agreement in a safe and accessible place for easy retrieval if the agreement is needed. (You must be able to send the accepted agreement to the Claims Department with a completed incident report for all incident reporting.)
- Keep records of the accepted agreement until the statute of limitations for your state has expired.
- Include a “Print” option, and advise the customer to print and keep a copy of the agreement.
- Require an additional condition that the user is an adult. (Example: I certify that I am 18 years of age or older)
- If a parent is accepting a release for their child, the parent must complete the “Minor portion” of the release form. (Remember that contracts with Minors are unenforceable)
- Make sure you are obtaining enough specific information from the customer so that their identity can be confirmed later if they later claim it was not them who read and agreed. This includes the customer’s full name, address, date of birth, and Social Security number or driver’s license number.
- Confirm the signer and the document with security information. Security information should include personal, private, or confidential information that is unique to the individual.
- Use secure encryption to ensure the safety of storing sensitive information.
- Avoid inconsistencies between the online agreement and information provided on your website. Discrepancies are liable to jeopardize the agreement.

## SAMPLE PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of <<company>>, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "<<acronym>>"), I hereby agree to release, indemnify, and discharge <<acronym>>, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that <<activity>> entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:**

Furthermore, <<acronym>> employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless <<acronym>> from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of <<acronym>>'s equipment or facilities, **including any such claims which allege negligent acts or omissions of <<acronym>>**.
4. Should <<acronym>> or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against <<acronym>>, I agree to do so solely in the state of <<state>>, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against <<acronym>> on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name)  
("Minor") being permitted by <<acronym>> to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless <<acronym>> from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## GOVERNMENT PERMIT HOLDERS

The National Forest Service (NFS) and the National Park Service (NPS) have taken a strong stance in prohibiting the use of full "Liability Release" language in participant agreements. Although the courts of law allow for liability to be released (with a signed release form) in most situations, government agencies that issue permits have decided to not allow full liability to be released. The NPS and NFS will require a separate form called an "Assumption of Risk" form, also referred to as the "Visitors Acknowledgement of Risk" (VAR), for all operations which occur under Forest Service and Park Service permits. This form is to be used in conjunction with the required "Participant Agreement, Release and Assumption of Risk".

Please contact RMD to get your customized VAR form, as the one below is not complete and does not contain a proper list of risks that would apply to your business operations.

---

### VISTOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services of <<company>>, their officers, agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "<<abbreviation>>," I agree as follows:

Although <<abbreviation>> has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, I understand that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss of or damage to my equipment, accidental injury or illness or, in extreme cases, permanent trauma or death.

**The following describes some, but not all, possible risks:**

I am aware that <<activity>> entails risks of injury or death to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including any and minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by <<abbreviation>> including those made in its brochures or other promotional material, to induce me to participate in this activity.

Signature of Participant: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 signature of parent or guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## RENTAL AGREEMENT

The Lease and Liability Contract that has been approved by Risk Management is required to be signed by clients any time they are renting equipment in order for coverage to apply. We have provided a sample rental agreement on the next page. A customized rental agreement will automatically be sent to you within two to three weeks of binding your policy. If you have a contract that you believe your form contains the necessary language and you prefer to continue using it, please submit it upon binding to RMD for review and approval. Contracts that have been issued and/or approved by RMD are, however, for the intent and purposes of the insurance carrier and are not considered a guarantee to uphold all legal or court cases.

Additionally, a set of safety rules and/or signs must be generated and posted for each amusement activity. School functions may require the use of a waiver for parents to sign, in the form of a permission slip, prior to the event. If you would like assistance in creating a permission slip form, please contact RMD.

Another version of the rental agreement can be used if you allow you're customer to pick-up rented equipment that the renter will be setting up themselves. This type of rental may be excluded from coverage on your policy, but can be added by endorsement. We have included a sample of a rental agreement for use with renter set-up. Once you have added this coverage, please call RMD to obtain a copy of the renter set-up agreement.

### The Rental Agreement has several important elements:

- **Equipment Condition:** The first portion states that the renter has received the equipment in good condition, and that it will be returned in the same condition.
- **Assumption of Risk:** Same as Liability Releases.
- **Release:** This section states that the renter agrees to be responsible for their negligent acts and will not hold the rental company financially responsible if they are solely at fault for an incident. It also has a clause that says the rental company will not hold the renter responsible when they are solely at fault.
- **Supervision & Safety:** This is a very important section of the agreement. Here, the renter is instructed to supervise the rental equipment and its' use at all times. They are also told to follow all other safety rules provided by the rental company.
- **Insurance and Expenses:** Same as Liability Releases.
- **Assembly & Installation:** Here the renter is informed that they are not to move the equipment once it has been delivered and installed. They are also informed they not to uninstall the rented equipment.
- **Permission and Agreement:** This segment states that the renter gives permission to the rental company to enter their property for setup and pickup of the rented equipment. The renter also agrees not to loan or dispose of the equipment
- **Jurisdiction:** Same as Liability Releases.
- **Severability:** Same as Liability Releases.
- **Acknowledgement:** This portion states that the renter was given enough time to read the agreement and understand what they read. They also agree here to be held responsible for its' terms and that they are not being forced to sign the document.
- **Signature:** Same as Liability Releases.

### Requirements for the rental agreement are as follows:

- Each renter must sign his or her own agreement.
- The form should be a separate page and not be on the same page as a registration form. In addition, the participants must be given adequate time to fully read the form.
- Do not allow anyone to modify the form in any way.
- These documents should be saved for a minimum of five years or according to the statute of limitations time period for the state in which the activity is performed. (Please contact Risk Management if you would like help finding your states statute of limitations.)



## LEASE AND LIABILITY CONTRACT

This LEASE AND LIABILITY CONTRACT (“Contract”), is entered into by:

Lessor: \_\_\_\_\_

Lessee: \_\_\_\_\_

The Leased Equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Lessee agrees that the Leased Equipment has been received in good condition and represents and warrants that it will be returned in the same condition, notwithstanding ordinary wear and tear.
2. Lessee understands and acknowledges that the activity to be engaged in through Lessor’s lease of the Leased Equipment brings with it both known and unanticipated risks that could result in property damage, physical or emotional injury, paralysis, death or other damage or injury to Lessee, its guests, its invitees or third parties. Lessee understands that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Those risks include, but are not limited to **falling, slipping, crashing and colliding**.
3. Lessee agrees to release, forever discharge and hold harmless Lessor for any injuries, damages or claims that result from Lessee’s negligence; including any injuries, claims or damages asserted by Lessee’s guests, invitees or third parties. Lessor agrees to release, forever discharge and hold harmless Lessee for any injuries, damages or claims that are the direct result of Lessor’s negligence; including injuries, claims or damages resulting from defective Leased Equipment or improper assembly or installation of the Leased Equipment.
4. Lessee agrees to supervise both the Leased Equipment and its use at all times the Leased Equipment is in the possession of Lessee. Lessee agrees to follow the directions and safety rules as posted on the Leased Equipment or as otherwise provided to Lessee by Lessor.
5. Lessee acknowledges and represents that it has adequate homeowner’s insurance, tenant insurance, or other liability insurance to cover any bodily injury or property damage which might occur to itself, its guests or its invitees from the use of the unit being rented or else lessee agrees to bear the costs of defense and liability of any such injury or damage itself.
6. Lessee agrees not to remove the Leased Equipment from the location on which Lessor has assembled or installed it. Lessee further agrees not to disassemble or uninstall the Leased Equipment or to assemble or install the Leased Equipment.
7. Lessee grants Lessor right to enter Lessee’s property for the delivery, pick-up or repossession of the Leased Equipment. Lessee agrees not to loan, sublet or otherwise dispose of the Leased Equipment.
8. In the event that Lessee files a cause of action against Lessor, Lessee agrees to do so solely in the state of [STATE], and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.
9. Lessee agrees that if any portion of this Contract is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
10. Lessee acknowledges that sufficient time and opportunity were had to read this entire Contract, and understands its content and is executing it freely, intelligently and without duress of any kind and agrees to be bound by its terms.

Lessee Signature \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD ENROLLMENT/REGISTRATION AGREEMENT

### CHILD INFORMATION:

Prior to enrollment, I must provide <<company>> (hereinafter collectively referred to as "<<acronym >>") with updated medical and immunization information for my child. This information must be updated in accordance with state child care licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PRIMARY CONTACT INFORMATION:

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_

Employer and Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Hours and Days: \_\_\_\_\_

Employer and Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

The <<acronym >> staff will release your child only to you or to those persons you have listed below. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify us in advance, in writing. Your child will not be released without prior authorization. ID will be required.

The persons designated in this section will be contacted by <<acronym >> and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older. Authorized individuals must sign-in when dropping off and sign-out when picking-up children.

Emergency Contact #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #3: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #4: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

**Child's Physician:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any dietary restrictions and/or allergies? (If yes please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications? (If yes please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical restrictions? (If yes please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note any other information relevant to the child's care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize <<acronym >> to administer first aid to the enrollee, as they deem necessary. I authorize enrollee's transportation to a medical facility, at my expense, as deemed necessary by <<acronym >>.

I certify that I have adequate insurance to cover any injury my child suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.

In the event that I file a lawsuit against <<acronym >>, I agree to do so solely in the state of <<state>>, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

I verify that I am the parent or guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name: \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## INDEPENDENT CONTRACTOR

An independent contractor is a person who contracts to do work for another person according to their own processes and methods; the contractor is not subject to management except for what is specified in a mutually binding agreement for a specific job. Independent contractors are able to reduce liability and claims by ensuring they have proper contracts in place for the services they render. One of the most important tools for any contractor or business is legal documentation to avoid future conflicts. Your use of an independent contractor agreement sends a clear message to the client that you are a professional who takes your assignments and engagements very seriously. Additionally, they will help you prevent misunderstandings, clearly define the expectations you and your client have about the job, and help defend your case in the event of a claim. A contractor agreement must be completed and executed prior to the commencement of the work and no work should occur until a contractor agreement is signed.

### **An approved service contract should, at a minimum, cover the following:**

- Designation of the parties involved in the contract
- Intent of the agreement
- The term/duration of the contract
- Conditions of the termination of the agreement
- Independence, non-exclusivity and agency of the contractor
- Confidentiality obligation of the contractor regarding information learned while working with the company
- Summary of the services agreed to be performed
- Licenses and/or certifications required of the contractor
- Insurance requirements of the contractor
- Summary of the condition of payments, reimbursements, income reporting, and taxes of the company
- Laws applicable and jurisdiction
- Hold Harmless/Indemnity Clause

### **Requirements for the rental agreement are as follows:**

- Each party must sign their own agreement. (Example: If two parties are signing the contract there should be two original contracts)
- The form should be a separate page from other agreements or contracts.
- The company or contractor must be given adequate time to fully read the form.
- Do not allow anyone to modify the form in any way.

These documents should be saved for a minimum of five years or according to the statute of limitations time period for the state in which the activity is performed. (Please contact Risk Management if you would like help finding your states statute of limitations.)

## INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is entered into between \_\_\_\_\_ (“Company”) and \_\_\_\_\_ (“Contractor”) \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_, for the purpose of stating the intention of the parties regarding the capacity in which Company will retain the services of Contractor.

**Intent:** It is the intent of Company and Contractor that Company shall utilize the services of Contractor in the capacity of an independent contractor rather than as an employee of Company.

**Term:** The Contractor agrees to complete the Services and prepare and deliver a written report or certification of project completion to Company on or before \_\_\_\_\_.

**Termination:** This agreement shall be terminated by Company or Contractor only upon the expiration of its stated term, unless otherwise agreed in writing, or upon a material breach of the terms of this Agreement.

**Non-Exclusivity:** Contractor is permitted to provide his/her services to the public and to other companies so long as Contractor is able to fulfill his/her obligations to Company.

**Agency:** Contractor will have no right or authority to act for Company, shall not enter into any commitment or agreement, incur any liability in the name of or on behalf of Company or bind Company in any manner, nor shall Contractor hold themselves as an employee, representative or agent of Company. The Contractor expressly agrees to defend and indemnify Company from any claims arising out of the conduct, negligent acts, intentional acts, omissions, or otherwise of Contractor.

**Confidentiality:** The Contractor agrees to hold any information derived from performing the Services as “Confidential Information” to be held in confidence and not disclosed to or used by the Contractor or any other purpose. The Contractor agrees to use reasonable care in protecting the Confidential Information from unauthorized disclosure, loss, theft, or misappropriation and shall not disclose it to any third party or representative, if such disclosure would violate U.S. law.

**Licenses/Certifications:** Contractor shall be responsible for obtaining whatever licenses or certifications that may be necessary under applicable law to fulfill the responsibilities of his/her job.

**Assistants and Assignment:** Contractor shall supply, supervise and compensate any assistants required in the performance of his/her duties. Neither this Agreement nor any duties or obligations under this Agreement may be assigned by the Contractor without the express written consent of Company.

**Insurance:** Contractor agrees that he/she will obtain his/her liability insurance coverage with limits of \$\_\_\_\_\_ per occurrence and annual limits of \$\_\_\_\_\_, and provide evidence by a certificate of insurance.

**Employment Benefits:** Contractor understands that he/she will not be entitled to receive any employment benefits from Company, including but not limited to health, life or disability insurance, retirement or pension plans, paid vacation or sick leave, unemployment compensation or worker’s compensation insurance.

**Compensation:** Contractor shall be compensated in the following manner: \_\_\_\_\_.

**Income Reporting:** Company agrees that it will report to federal, state and local government agencies, as required by law that it has paid Contractor certain sums for personal services rendered by Contractor to Company. Contractor agrees that they will report to federal, state and local government agencies, as required by law that they have been paid by Contractor for personal services rendered by Contractor to Company, including but not limited to the annual filing of **I.R.S. Form 4669**.

**Income Taxes:** Contractor understands that Company will not contribute to Medicare, Social Security or any other required employment taxes, nor will Company withhold income taxes from compensation paid to Contractor. Contractor understands that he/she will be responsible for paying **100%** of all applicable employment and income taxes.

**General Provisions:** If any portion of this Agreement is found void or unenforceable, it shall be severed and the remainder shall continue in force. This Agreement is binding upon both Parties’ heirs, assigns, executors, administrators, or other legal representatives. Any waiver or modification of this Agreement must be in writing, signed by both Parties. This Agreement supersedes any and all agreements, either oral or in writing, between the parties hereto with respect to the rendering of services by the Contractor for Company and contains all of the covenants and agreements between the parties with respect to the rendering of the Services in any manner whatsoever. Each party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, which is not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. This Agreement is deemed to have been negotiated and entered into in the State of \_\_\_\_\_, and all questions with respect to this Agreement and the rights and liabilities of the parties will be governed by the laws such state. The prevailing party in any legal action will be entitled to recover fees and expenses associated with such action including a reasonable attorney fee, as determined by the Trier of fact.

\_\_\_\_\_  
(Company Name) \_\_\_\_\_ (Signature of Representative of Company) Date: \_\_\_\_\_

\_\_\_\_\_  
(Independent Contractor Name) \_\_\_\_\_ (Signature of Independent Contractor) Date: \_\_\_\_\_

## VEHICLE CONDITION REPORT

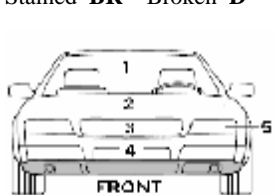
Company Name \_\_\_\_\_ Invoice # \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

**Vehicle Condition Report:**

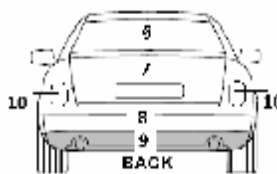
DESCRIPTION	HOURS	RATE	
<b>TOTAL</b>			

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
 VIN: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Mileage: \_\_\_\_\_

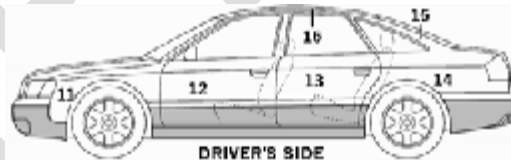
**Exterior Condition-** Indicate any damage to the vehicle in the space provided using the following legend: **H** – Hairline Scratch  
**PT** – Pitted **T** – Torn **B** – Bent **GC** – Glass Cracked **M** – Missing **SM** – Smashed **R** – Rusty **CR** – Creased **S** – Scratched **ST** – Stained **BR** – Broken **D** – Dented



1.	
2.	
3.	
4.	
5.	



6.	
7.	
8.	
9.	
10.	



11.	12.	13.	14.	15.	16.
17.	18.	19.	20.	21.	

Interior	Good	Burn	Rips	Stain
Front Carpet				
Rear Carpet				
Front Seat				
Rear Seat				
Headliner				
Door Panels				
Dash				

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tires	Right Front	Left Front	Right Rear	Left Rear
Good				
Fair				
Poor				

The vehicle has been delivered in the condition described.

Completed By \_\_\_\_\_ Date \_\_\_\_\_

Make all checks payable to: \_\_\_\_\_

Balance is due \_\_\_\_\_ days. Overdue accounts will be subject to a service charge of \_\_\_\_\_ per month.

## TRIP OR BUS PASSENGER MANIFEST

Driver Name:		Vehicle Model:	
Monitor Name:		Plate Number:	

Departure		Intermediate Stops			Destination	
Place	ETD	ETA	Place	ETD	ETA	Place

	Passenger Name (Print)	M/F	Phone Number	Emergency Contact	Phone Number
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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23					
24					
25					
26					
27					
28					
29					
30					

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Page \_\_\_\_ of \_\_\_\_

# INCIDENT PREVENTION & MANAGEMENT

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*Perception of fault is a major factor in an individual deciding to pursue a claim.*

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## INCIDENT PREPAREDNESS AND RESPONSE

Although many organizations will never experience a true emergency or serious accident, emergency preparedness is necessary in order to safeguard your operations. Start by bringing all relevant information and documentation together to formulate a plan respective to your operation's risk. An emergency plan should be straightforward, always available, and easily updatable. Developing and communicating an effective plan maps out what employees should do before an emergency strikes and how they can help minimize negative consequences during an emergency. The following illustrates how being fully prepared is a cycle that has three crucial phases.



### **Pre Incident**

#### **Assess and Prevent**

If you can follow all of the necessary steps in the pre-incident stage, then you will reduce the chance of having to deal with an Incident or Post-Incident actions. High safety goals are an important part of risk management. The objective to setting extremely high goals is to encourage people to think that all accidents are preventable. Risk awareness and prevention, with all involved parties, can help identify the hazards and risks at a very early stage. Having a habit of early identification can help to anticipate future risks as conditions change. Raising awareness can be supported through safety signs, established rules, maintenance, safety regulations, and system tests. Start by asking a few simple questions.

- Where are the highest risk areas of the activity/operation?
- What are the accident possibilities for the activity/operation?
- When are accidents most likely to occur?
- Who is most at risk?
- How could I prepare or change the activity/operation to lessen the risk?

#### **Plan**

It is important to develop a plan (based on the evaluation and assessment) designed to identify how an accident will be handled to minimize the impact. Your plan should be flexible and cover a wide range of situations. Provide specific courses of action for your staff and organization to follow. Other important aspects of an incident plan include legal issues. Security plans should be developed with members of a legal staff or some other form of general counsel. Important questions to develop a plan include:

- Who to contact?
- What are their roles and responsibilities?
- What resources are available?
- What action needs to be taken during an incident?
- What effects will an incident have?
- When will aid be available and/or administered?
- How to respond?
- How to communicate with other organizations and/or media?

#### **Prepare**

The incident response plan should be distributed to all involved parties. In addition to providing the plan, all involved parties should receive training on a regular basis. Training will help ensure your plan is being followed, will confirm how well a potential critical situation is handled, and will help employees manage the situation in a

composed and professional manner. It is helpful to run through simulations with your employees to prepare them for various types of accidents and to become familiar with the established emergency procedures. Scenario training should cover a wide range of situations such as a major accident, less extensive accidents and minor incidents. The end goal of training is to enable employees to make decisions quickly and appropriately.

- Who do I train?
- How much training is necessary before someone is trusted to operate the activity alone?
- What signs or reminders could I use to continually keep preparedness in the minds of my staff?
- Where should I locate the preparedness plan and reminders so that it is easily accessible?
- Where is relevant emergency equipment kept? (Fire Extinguisher, First Aid Kits, Safety Station, etc.)
- When should I hold follow up courses and updating sessions for my staff?

## **Incident Response**

Although every organization is unique, there are basic components that should be included in a universal response to incidents. Incident response includes all components required to take action to the problem quickly and effectively in order to contain an incident. An emergency can happen at any moment; therefore all involved parties must be willing to accept the responsibility that is required of them to immediately respond.

- What is the immediate problem?
- Who is involved in the accident?
- What equipment was involved in the accident?
- How to respond and mitigate an incident to minimize impact and avoid further damage?
- How to provide immediate assistance? (See "Emergency Aid Procedures")
- What to document? (See "Incident and Accident Report Form Guidelines")

**Note:** Deviating from an emergency plan could result in confusion and slower response times. Although deviating from the plan may be necessary at times, doing so without a reasonable cause could provide additional risk for your business.

## **Post Incident**

Although an accident or incident has many negative effects, you should view it as an opportunity to improve for the future. For example, this should allow you to reduce the likelihood of an incident from recurring. Investigating an incident can give you important information on what you can put in your preparedness plan going forward. You can't foresee everything, but accidents and incidents bring to your attention many problematic scenarios that may also possibly occur.

- Follow-up all with involved parties and provide support
- Why did the accident happen?
- How to recover from an incident?
- What corrective action needs to be taken?
- Risk assessment
- What ongoing development needs to be implemented to avoid future accidents?

## EMERGENCY CONTACTS EXAMPLE

You should not operate under the assumption that an emergency plan should only involve the company's personnel and resources. Many businesses are unaware of the many outside agencies and resources that are available to them in the event of an emergency. Therefore, they are unprepared to work with and/or take advantage of the available assistance. These agencies include local city, county, state and federal agencies, as well as a multitude of private nonprofit corporations. It will be beneficial to know and post information about the primary agencies and how they may be of assistance to you before, during and after an emergency. An emergency contact sheet should be used in conjunction with your emergency plan that is developed for your operations. Additional information, such as phone reception, emergency radio frequency, radio range, and other available resources may be useful to have on hand during an emergency.

Agency	Address/Location	Phone Number	Response Time
<b>Office Contact/Base Camp:</b>			
<b>Sheriff's Department:</b>			
<b>Ranger/Forest Service:</b>			
<b>Hospital/Ambulance:</b>			
<b>Urgent Care Clinic:</b>			
<b>Fire Station:</b>			
<b>Hazardous Materials Org.:</b>			
<b>Poison Control Center:</b>			
<b>Insurance Carrier/Claims Dept.:</b>			

## EMERGENCY AID PROCEDURES

It is unfortunate but a reality that there is a high possibility of injury within any operation or activity. In response, your employees are expected to know how to react properly in the event of an emergency. First aid and CPR training is the first steps to getting prepared for any injury. First aid includes assessments and treatments that can be performed by a layperson with minimal or no medical equipment. The first response actions during an accident are the most important. Often times, first aid given at the scene can improve the victim's chances of a good recovery and/or survival. First aid should never delay or hinder the actions of emergency medical services (EMS) or other medical assistance.

In general, start by assessing the situation to determine if the scene of an emergency is safe. Do not put yourself in danger, thereby complicating and worsening the situation. Next, assess the level/severity of the injury (minor, moderate, and serious). If the person is unconscious, then check the Airway, Breathing, and Circulation (ABC's) to determine their condition. Do not move an injured person if you don't have to. In addition, never let a seriously injured person sit, stand, or walk around. Take control of the situation by getting assistance, following an emergency response plan, or organizing a response and assigning tasks. The most important information for a first aid provider to know is how to get the appropriate help. For example, anybody who experienced unconsciousness related to an injury or illness should be sent to a physician. Further the provider should stay with the injured person and help to keep them calm until medical help arrives.

Be sure to complete an incident report as soon as possible to minimize the possibility of information and details being forgotten. The report should include record of: the details of the person, the accident, treatment given, witness statements, location, date, time and who gave any aid or treatment to the patient after an incident.

\*These are basic guidelines, and will vary according to each situation. This should not be considered a standard; therefore, you should consult the respective professionals for more specific information for each section.

### **How to handle an injured person:** (minor, moderate, and serious)

#### **Minor injuries** (cuts, scrapes, abrasions, minor burns, etc.):

1. Stop the activity
2. Remove the injured person from the activity area
3. Render first aid within the extent of your training, if applicable
4. Send the injured person home (if necessary)
5. Make a note of the incident in the daily activity log/report

#### **Moderate injuries**

1. Stop the activity
2. Determine if the injured person can be safely moved from the accident site
3. Remove the injured person (if reasonable) and render first aid
4. Assess the injury to determine if additional medical treatment may be necessary
5. Obtain witness statements, names, addresses, and telephone numbers
6. Take pictures & examine the accident site for cause of injury
7. Isolate and tag equipment involved in the incident whether it was the cause or not

#### **Serious injuries**

1. Do not move the injured person
2. Stabilize to the extent of your medical training
3. Notify your local emergency medical services (EMS)
4. If requested by EMS personnel, assist EMS in removing victim
5. Obtain witness statements, names, addresses, and telephone numbers
6. Take pictures & examine the accident site for cause of injury
7. Isolate and tag equipment involved in the accident whether it was the cause or not

#### **Note:**

It is important to know that providing emergency care for anyone places you at high risk for personal legal liability. If you would like more information on how to protect yourself regarding personal liability protection please visit [Xinsurance.com](http://Xinsurance.com), or contact a Risk Management Consultant.

## FIRST AID KIT CHECKLIST

ITEM DESCRIPTION	ON HAND	NEEDED	ORDER
Basic First Aid Handbook			
Patient Assessment Form			
<b>Bandage Materials</b>			
Medical Tape			
Butter-Fly Bandages			
Flexible Adhesive Bandages (various sizes, 4-8 of each)			
Non-Stick Gauze Pads (assorted sizes)			
Gauze Wraps			
Blister Prevention Treatment			
Splint			
Triangular Bandages			
Elastic Bandages			
Eye Pads			
<b>Non-Prescription Medication</b>			
Aspirin & Ibuprofen			
Antihistamine			
Antacids/ Activated Charcoal			
Cough Drops			
Electrolytes			
<b>Non-Prescription Topical Medications</b>			
Sunscreen			
Insect Repellent			
Burn Gel			
Hand Sanitizer/ Antibacterial			
Triple Antibiotic Ointment			
Antiseptic Wipes/ Prep Pads			
Hydro-cortisone Cream			
Eye Wash			
Saline Solution			
<b>Emergency Essentials</b>			
Pocket Knife/ Multipurpose Tool			
Lighter/ Waterproof Matches/ Flint Kit			
Compass			
Water Purification Tablets			
Emergency Blanket			
Whistle			
Signal Mirror			
Map of Area			
Emergency Contact Information			
<b>Instruments &amp; Equipment</b>			
Tweezers			
Scissors			
Syringe (wound irrigation)			
Suture Kit			
Safety Pins			
Thermometer (Disposable or Digital)			
Duct Tape			
Instant Cold Pack			
Heat Pack			
Nylon Cord			
Plastic Bags			
<b>Personal Protective Equipment</b>			
CPR Face Shield			
Face Mask			
Disposable Rubber Gloves (at least 2 pair)			

\*First aid kits and other appropriate equipment must be present and easily accessible in all operations and/or activities.

\*Kits will vary depending on specific risks or concerns related to your operations. It is recommended that kits are kept in a clean waterproof container. They should be checked regularly, and items should be replaced if they have been used, damaged or expired.

## HOW TO HANDLE AN INJURY/ INCIDENT

Incident handling is the logistics, communications, and coordination needed in order to resolve an incident in a calm and efficient manner. Injured parties often initiate lawsuits when they feel that a person or business has not demonstrated respect, consideration, and empathy for the situation. Perception of fault is a major factor in an individual deciding to pursue a claim. Some simple ways to show respect and consideration are learning people's names, responding to them as an individual rather than simply a "claimant," and showing genuine care and concern for the situation they are in. Through treating people with respect in all aspects of your business, you can achieve success and strong relationships before and after an accident has occurred.

### Employees Should:

- Ensure that the established Emergency Plan is being followed. Not make guarantees of a speedy evacuation. You can say that you are doing everything you can, and that you have sent for help.
- Not make admission of guilt or wrongdoing, such as "We've had problems here before." Comments of this nature will be very damaging in litigation and may not represent the truth. Do not make value judgments or statements concerning what happened.
- Say you're sorry that they are hurt and feel compassion for the situation. In addition, let the involved party know that you are doing everything you can to get help as fast as you can. Show empathy and sympathy for what they are experiencing.
- Be sure to manage the situation in a composed and professional manner. Do not argue or debate. Doing so will usually inflame the situation, and can put you at risk.
- As soon as possible begin to make notes concerning the accident. Of particular concern, answer the basic questions of: what, where, when, and who was involved in the accident. As early as possible, take notes on the time of an injury, the time of the evacuation, as well as notes concerning the details of what happened. Also, take notes of things that were said, witness statements, injured party statements, and family member statements, all concerning how the accident occurred.
- Do not mention/offer insurance, but should let client ask about insurance first. Not make guarantees of insurance coverage. In general, participants accept the risk of the activity, and their own health insurance will be their primary coverage.
- Remember to assess and attend to the needs of any other participants who were involved, as well as to the needs of your staff. They may be used as witnesses later, and their impressions of how the situation was handled will be very important.

### Communication with Public Authority: (Police, Fire, Medical, etc.)

When having to deal with public authority due to an incident, there very important guidelines to adhere to.

- Never lie or exaggerate
- Never guess, speculate or voice an assumption (if you don't know, simply say you don't know)
- Never sign anything, or give a statement without receiving a copy of what you signed and any statement you gave. Do not hesitate to request your attorney be present.

### Communication with the News Media

If there has been a critical emergency, it is highly likely to receive some attention from the news media. Often this contact with the media leads to poorly documented facts of the accident, which can result in bad publicity and potential litigation problems. The company owner should designate a spokesperson to provide information to the News Media. In general, only management must handle all communication with the media. The spokesperson should do the following:

- Prepare an articulated statement to be reviewed by legal counsel if necessary
- Communicate the statement to the News Agency
- Set up a system for handling inquiries

Often, the news media is alerted to the scene of an accident and proceeds to sensationalize and dramatize the story or happenings as much as possible. Remember, their goal in their investigation is to sell more media press. Frequently, they will ask leading questions, make accusatory statements, and pressure the injured party and others involved for statements. Unfortunately, these statements concerning the events of the accident may or may not be accurate. At the scene of the accident and/or evacuation, it is best to appoint a representative to speak to the press and to make very simple and few statements. Encourage them to contact the main office for a further statement. Your best defense is to say, "We do not have any comments or statements at this time," "We

are handling the situation and will issue an official statement upon further investigation,” or something of that nature. Also, try to keep the news media away from other members of the affected party, if at all possible.

The following comments are offered as a general guide in dealing with the news media. You will find the media cooperative if you deal with them straightforwardly and with facts (subject only to legal constraints. i.e. consideration for next-of-kin, protection of the injured and good taste), hesitantly or improperly dealing with the press in an emergency situation most likely will escalate media coverage and create negative consequences. The objective with the media should be to share the facts with proper people, at the proper time and respond professionally. This will increase the possibility of a quick resolution and decrease the number of headlines that the media seeks to create.

1. Most dealings with the news media will take place over the phone. Rather than reading a "canned story" to the caller, the spokesperson should have a written list of key points for reference, and tell the story in his or her own words. Again, stick to the facts and leave out assumptions. The press will want to know:
  - What happened?
  - Where did it happen?
  - When did it happen?
  - Who was involved—what were their names?
  - Background on recreation activity
2. Specifically, the spokesperson will provide an accurate and full disclosure of the facts and should cooperate to every extent possible with the news media. When information cannot be released, explain why: next-of-kin have not yet been notified, doctors' orders prohibit interview of survivor, etc.  
NOTE: Withholding the names of victims pending notification of next-of-kin is appropriate and will be respected by the press. However, do not deny that the accident itself occurred.
3. Refrain from speculation, simply state that the information is unknown if you do not have the facts or have the authorization to answer.
4. Make certain all media and all reporters have equal access to information.
5. Upon discovering that erroneous information has been given to the media, provide correct information as soon as possible. When reporters print or broadcast erroneous information, inform the reporter, not his superior, and provide the correct information.

**RESTRICTIONS:** No one, including the spokesperson, will release any information that identifies the responsibility for the accident without first consulting legal counsel. Additional problems arise when assignment of fault, criticism of conduct, policy, or equipment is made public without a full explanation of the circumstances. Reports and other relevant information will be developed through a complete investigative process and results of the investigations will be released at the appropriate time. Specifically, problems also arise when information regarding the nature of an injury or illness is released prior to diagnosis by a licensed medical physician, or when names of victims are revealed prior to notification of next-of-kin.

**Regarding equipment:** Any and all equipment involved in the accident and could conceivably have contributed to the accident, should be pulled out of the regular equipment inventory. These pieces of equipment should be kept secured in a separate place for future examination. Photographs should also be taken.

### **Incident/Claims Reporting**

Many claims could have been prevented from ever reaching that stage had companies invested a minimum of effort in training their employees to react to and properly report on accidents. All employees should be trained on how to appropriately handle an accident. Appoint one person in your organization to record and report all accidents or incidents. The designated person will be in charge of organizing the details of the incident. This will help retain all the information and clarify who is authorized to release the information. Include a written narrative statement by your supervisory personnel and any statements made by the injured party. Along with making sure that the injured party is the first priority, the thorough incident report forms should be reported immediately to Claims Direct Access.

### **Follow Up**

Again, it is essential that your representative makes visits or phone calls to the involved party concerning their welfare and well-being. In general, show personal attention, care and concern, and they will be less likely to bring suit against you and/or your company. Remember, everything you say or do before, during, and after the accident, will be scrutinized in detail, either by litigating attorneys and/or a court of law. Take caution in what you say and do in the event of an accident.





# INCIDENT DOCUMENTING & REPORTING

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*Early and accurate reporting of all incidents  
benefits you in the case of a claim.*

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## INCIDENT AND ACCIDENT REPORT FORMS

Utilize the Incident and Accident Report Form to collect necessary information for your report. Answer all questions as completely as possible, and make certain that all handwriting is readable. The form should be filled out in its entirety by you or an employee for each incident and report all incidents within 72 hours. The reporting of incidents does not affect your insurability or increase your premiums. Although all incidents may not lead to a claim, it is important that Claims Direct Access (CDA) has the information about the incident in order to document and prepare for a defense. Early and accurate reporting of all incidents benefits you in the case of a claim.

**Pictures-** Obtain as many pictures as possible of the accident site and the accident victim. Pay particular attention to the area encountered by the accident victim immediately before the accident occurred.

**Diagrams-** It may also be useful to create a diagram that includes the locations of people in relation to the area the incident occurred and any conditions that may have contributed/not contributed to the incident being reported.

**Documentation-** Attach a copy of your Sign-up Sheet for the activity and a copy of the Signed Waiver or Assumption of Risk Form for all parties involved.

### The Full Written Report

It is essential that you avoid comments that could potentially be damaging in the future in all communications and written records. Encourage each staff member involved to develop their own written account of what happened, utilizing the basic guidelines of: "What happened," "Where did it happen," "When did it happen," and "Who did it happen to?" Let each person account the event as they wish; do not interfere with their statement.

**NOTE:** Everything that is recorded from the first moment the accident happens, until the insurance carrier's attorney begins to direct the investigation, is considered Discoverable. Discoverable means that the litigating attorney can request and obtain any and all records and use them in the litigation process. Comments that admit guilt, cast blame, or are judgmental or accusatory in nature are to be strictly avoided. Stick to the facts. Your report should be based on the facts gathered. The simplest and easiest guide to follow in writing an Accident Report is to answer the question "What happened." Do your best to eliminate any inconsistencies between reports, as well as avoiding opinions, assumptions, personal feelings, bias opinions, and evaluations that are made during the height of emotional turmoil that often follows an accident.

### How and When to Obtain Witness Statements

Written witness statements are just as discoverable as everything else that is written concerning the accident. Witness statements that are hostile, accusatory, and unfriendly, especially concerning a catastrophic accident should be handled by your legal representation. Use discretion in determining whether or not you will take a written witness statement. Witnesses that are considered to be friendly and positive concerning the events of the accident can have a statement taken in writing. At the very least, records should be made of these individual's positions and their willingness to be contacted at a future date to give a statement of what they saw.

Time may not allow or permit you to take witness statements; therefore, sometimes the very best you can do is simply ask them what happened. Write down what they say. Comments such as, "The accident would not have occurred if they had been more careful," "The injured person refused First-Aid or treatment," or "The injured person contributed to their own accident through their own actions," are extremely important.

Given time, unfortunately, involved party and witnesses often change their version of what happened. The sooner you obtain a record of their impression of the events that led up to and immediately followed the accident, the more likely that an accurate picture of what actually happened is established. We have provided a form on a subsequent page for you to use.

**NOTE:** Because of the high potential for legal action; discovery, written witness statements, narrative reports, and detailed accident investigations should not be made in cases of severe accidents until the CDA has been contacted to direct the investigation. The accident should be reported immediately to:



P.O. Box 4439  
Sandy, UT 84091-4439  
**Or to:**  
8722 South Harrison St.  
Sandy, UT 84070

**Main Phone** 877-585-2849  
**24-Hr. Claim Reporting** 877-243-8182  
**Toll Free FAX Line** 877-452-6909  
**Email** [CDA@primeis.com](mailto:CDA@primeis.com)



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2849 • Fax 877-452-6909  
After Hours Claim Reporting: 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

## INCIDENT/ACCIDENT REPORTING FORM

### General Information

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

### Description of Injured Party

Name of Injured Party: \_\_\_\_\_  Male  Female

If a minor, legal guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Is this a re-injury of an old condition?  Yes  No

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

Area(s) of body injured: \_\_\_\_\_

Type of injury:  Strain  Sprain  Fracture  Contusion  Laceration  Dislocation  Internal  Illness  Other

Description of injury: \_\_\_\_\_

### Description of Accident

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Activity Participating In: \_\_\_\_\_

Describe in detail how the accident happened (use additional page if necessary): \_\_\_\_\_

Describe the injured party's mental status at the time of the accident:

Confused  Calm  Panicked  Aggressive  Other: \_\_\_\_\_

Describe Evacuation: \_\_\_\_\_  
\_\_\_\_\_

Describe location of the site where the accident occurred: \_\_\_\_\_  
\_\_\_\_\_

Describe the weather: \_\_\_\_\_  
\_\_\_\_\_

Temperature (estimate if necessary): \_\_\_\_\_ degrees Fahrenheit

Did equipment contribute in any way to the accident?  Yes  No

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

Did the injured party contribute to the accident in any way?  Yes  No

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

Did the injured party state that he or she contributed to the accident in any way?  Yes  No

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

Did another participant contribute to the injury?  Yes  No

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

Were any photographs taken?  Yes  No

If yes, please enclose all photographs or diagrams.

Activity Time Lost:  None  ½ Day or More  Ended Participation

Describe any first aid given (include a list of any medications given): \_\_\_\_\_  
\_\_\_\_\_

Did the injured party refuse first aid or evacuation?  Yes  No

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

Does the injured take any medications or have any allergies?  Yes  No

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

Employees on site at time of accident: \_\_\_\_\_

Name Age Experience: \_\_\_\_\_

Has the injured party been at this location before?  Yes  No

If yes, indicate frequency: \_\_\_\_\_

Does the injured party currently have medical insurance?  Yes  No

If yes, with what company: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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P.O. Box 4439 Sandy, UT 84091  
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After Hours Claim Reporting: 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

## AUTOMOBILE LOSS NOTICE

### General Information

Name of Insured: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

### Loss Information

Date of Accident: \_\_\_\_\_ Time of Day: \_\_\_\_\_  AM or  PM

Address of Accident (include city and state): \_\_\_\_\_

Description of Accident (use reverse if necessary): \_\_\_\_\_

Police or Fire Department to which you reported: \_\_\_\_\_

Report, Case or File Number: \_\_\_\_\_ Enclose a copy of the police report.

Violations or Citations issued: \_\_\_\_\_

### Property Damage to the Other Vehicle

Make: \_\_\_\_\_ Model \_\_\_\_\_ Body Type: \_\_\_\_\_

Year: \_\_\_\_\_ Vehicle Identification Number (VIN): \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Residential Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Driver's Name and Address (if different): \_\_\_\_\_

Driver's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Damage/Estimate: \_\_\_\_\_

### Property Damage to the Insured's Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Body Type: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Residential Phone Number: (            ) \_\_\_\_\_

Business Phone Number: (            ) \_\_\_\_\_

Driver's Name/Relation to Insured: \_\_\_\_\_

Driver's Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's Phone Number: (            ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Purpose of Vehicle Use: \_\_\_\_\_

Used with Permission?  Yes  No

Describe Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the vehicle now? \_\_\_\_\_

Phone Number for above location: (            ) \_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Injuries**

1. List all Injured:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Description of Injury: \_\_\_\_\_  
\_\_\_\_\_

2. Names of Witnesses or Passengers and their remarks. (Use reverse if necessary).

Passenger/Witness #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Remarks: \_\_\_\_\_

Passenger/Witness #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Remarks: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_





8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2849 • Fax 877-452-6909  
After Hours Claim Reporting: 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

## WITNESS AND/OR INJURED PERSON'S STATEMENT OF ACCIDENT

Our insurance company asks us to collect witness statements pertaining to accidents so they may determine how these accidents occur. Please provide the information requested below as completely as possible. Thank you for your assistance in this very important matter.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please describe events leading up to the accident.

---

---

---

2. Please describe the accident

---

---

---

3. Describe what happened after the accident took place.

---

---

---

4. Can you think of any way this type of accident could be avoided in the future?

---

---

---

5. Were sufficient warnings, instructions, and information provided?

---

---

---

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REFUSAL OF CARE GUIDELINES

Documentation is required whenever care is refused if a participant is injured or when a medical condition presents itself while participating in an activity administered by your company. In this event, a qualified member of your staff (any guide or employee certified in CPR, First Aid, Wilderness First Responder (WFR), Outdoor Emergency Care (OEC) specialist, EMT, etc.) should take charge of the patient's care and should make sure that the information given to the patient is clearly understood. The refusal of care form can also be signed by a family member or friend that is present and who is willing to assume responsibility for the patient. In these delicate situations, it is vital that you are always acting in the best interest of the injured party.

A signed form is required once a patient authorizes emergency care, is determined to need further medical assistance, and then refuses care. Even after refusal of care, you should carefully observe them if they choose to continue the activity. You will need documentation and information just in case further problems develop or if they change their mind after signing the Refusal of Care Form. In addition to a Refusal of Care Form, incident report forms are still required to be completed. The signed refusal of care form should be attached to the incident report form and sent together to the claims department.

**Although patients have the right to refuse medical evaluation and treatment, the guide/qualified member of staff must be sure that the patient:**

- Is not a risk to themselves or others
- Understands the nature of the injury/condition
- Understands the potential consequences of refusing treatment and/or transportation
- Vital signs are normal
- Is aware of person, place, and time

**To sign a Refusal of Care form the patient must:**

- Have been given sufficient information about the injury/condition
- Be aware of person, place, and time
- Have no signs of significant impairment due to alcohol, drugs, or mental or organic illness
- Be 18 years or older
- Have a reasonable understanding of the injury/condition and the risks if they refuse treatment
- Understand what they are doing by signing the form
- Make the decision voluntarily (advice can be given, but you must not be coerced)

\*If the patient has signs of impaired mental status or is under the age of 18, they do not have the legal ability to refuse emergency care.

## RELEASE OF LIABILITY FOR REFUSAL OF CARE

I, for myself and/or on behalf of my child or legal ward, have been fully informed by <<Company>> (hereinafter collectively referred to as “<<acronym>>”), of the potential consequences and/or complications that may result in refusal to accept medical assistance or emergency care. I have been given sufficient information about the current injury and/or condition, and understand the nature and the potential consequences of refusing care. I understand what has been explained about the injury and/or condition, and am capable of making a well-informed decision on my/the patient’s behalf. I further certify that I am voluntarily willing to assume the risk of any medical or physical condition. I (or my guardian), refuse to accept medical care or transport to a medical facility, and assume all risks and consequences resulting from my/the patient’s decision. I understand that without treatment or delay of treatment the injury or condition may result in worsened problem. I have been advised by <<Acronym>> to seek the advice of a physician as soon as possible. I release <<acronym>> and all of those currently involved in my/the patient’s care from any liability regarding the eventual outcome of the medical problem or injury for which I (the patient) am refusing treatment and / or transportation to a medical facility.

**Reason for Refusal of Care:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNER STATEMENT OF AWARENESS

**I/we the undersigned have read the foregoing statement carefully before signing and do understand its warnings and assumption of risks.**

\_\_\_\_\_  
**Signature of Participant** **Date**

\_\_\_\_\_  
**Signature of Parent, Guardian and or Spouse** **Date**

\_\_\_\_\_  
**Signature of Witness** **Date**

# CONTRACT MANAGEMENT FORMS

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*The Contract and Policy Services Department  
is committed to assisting you with your service  
request/needs. All requests must be made in  
writing to ensure accuracy.*

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Salt Lake City Area Office  
8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
800-257-5590 • Fax 801-304-5515

Chicago Office  
303 W. Madison Street Suite 2075  
Chicago, IL 60606  
800-456-4576 • Fax 888-408-8081

### GENERAL CHANGE REQUEST

Policyholder's Name: \_\_\_\_\_

Policy/Certificate Number: \_\_\_\_\_

Insured's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

I wish to amend the policy as follows: \_\_\_\_\_

\_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new operation or development?  Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach documentation to support your request. Incomplete forms will slow down the issuing of endorsements.

#### REPRESENTATIONS AND WARRANTIES

By signing this General Change Request, the Insured (or the Broker on behalf of the Insured) hereby represents and warrants that the information provided in this Request, together with all supplemental information and documents provided in conjunction herewith, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Request, and is not misleading in any way. The Insured further acknowledges and agrees to the completeness and accuracy of all information previously provided to the Insurer in conjunction with obtaining insurance coverage and renews all representations and warranties previously made in conjunction with obtaining such coverage and extends all previous representations and warranties concerning coverage to this Request. An additional premium may be required before coverage for the request will be provided.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

**Insured:**

**Agent/Broker:**

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_



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REQUEST FOR
ADDITIONAL INSURED
OR CERTIFICATE
HOLDER

NOTE: PLEASE ALLOW 24 HOURS FOR THE ISSUANCE OF CERTIFICATES.

General Information

Proposed Effective Date: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Certificate Number: \_\_\_\_\_

Additional Insured/Certificate Holder Information

1. Request is for: [ ] Certificate of Insurance [ ] Additional Insured [ ] Other: \_\_\_\_\_

2. Describe reason for request: \_\_\_\_\_

3. If additional insured, specify relationships: [ ] Landowner [ ] Government Agency [ ] Booking Agent/Entity [ ] Contractor [ ] Concessions [ ] Other; specify: \_\_\_\_\_

(Additional premium may be required.)

4. Describe your relationship with the entity listed below: \_\_\_\_\_

5. Give exact name and address of additional insured/certificate holder as it should appear on the certificate. This information will also be used to mail the certificate.

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

6. Is the limit for the additional insured/cert holder different than the limit on your Policy with us? [ ] Yes [ ] No

If yes, please specify amount: \_\_\_\_\_

7. Does the "additional insured" named above carry their own insurance? [ ] Yes [ ] No

If yes, are they willing to name you as an additional insured on their insurance? [ ] Yes [ ] No

By signing this Request, the Insured hereby represents, warrants that the information provided herein is true, correct, and inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Request, and is not misleading in any way. The Insured further acknowledges and agrees that; (i) the Insurer can and will rely upon the information provided by the Insured to assess this Request and to quote and potentially bind, price, and provide the additional coverage or information requested, and (ii) an additional premium is required before coverage to any Additional Insured will be provided.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Insured:

Agent/Broker:

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_

Print Name

Print Name



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## SCHEDULE OF MONTHLY EVENTS

Date Report Completed: \_\_\_\_\_

Events for the Month of: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Master Coverage Contract #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

**Note:** Only those events which are reported monthly will be provided coverage. Report must be in the Insurer's office by the 10th of the month following the month in which the events listed below occurred. For example, events that occurred during October need to be reported to the ISERA by November 10. Only events for equipment covered under your coverage contract need to be listed. Add additional sheets as necessary.

Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Dates of Rental: \_\_\_\_\_

List of Equipment Rented: \_\_\_\_\_

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## ADDING AN EVENT TO AN EXISTING POLICY FORM

Policy #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

Contact Person for this Event: \_\_\_\_\_

### GENERAL INFORMATION

Important: Please include any information that you feel will help the Underwriter understand this event and exactly what is being done to insure the safety of everyone involved.

Name of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Description of your Activities: \_\_\_\_\_

Number of Scheduled Events: \_\_\_\_\_

Scheduled Dates of Event: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location or Venue Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Certificate Holder or Additional Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Landowner  Sponsor  Other: \_\_\_\_\_

### SPECTATORS

Capacity of Spectators per Performance or Event: \_\_\_\_\_

Estimated # of Spectators per Event:  
 General  Reserved  Other (describe): \_\_\_\_\_

Price of Admission:  
 General  Reserved  Other (describe): \_\_\_\_\_

Estimated Gross Attendance (all events or dates): \_\_\_\_\_

Estimated Gross receipts (all events or dates): \_\_\_\_\_

### PARTICIPANTS AND VOLUNTEERS

Participant excess medical benefits will be quoted based on the following information.

1. Are all participants and volunteers required to complete a "Release of Liability" form?  Yes  No  
If yes, please attach a copy of all forms used.

2. Total number of participants, per competitive class or rating:

A. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_

B. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_

C. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_

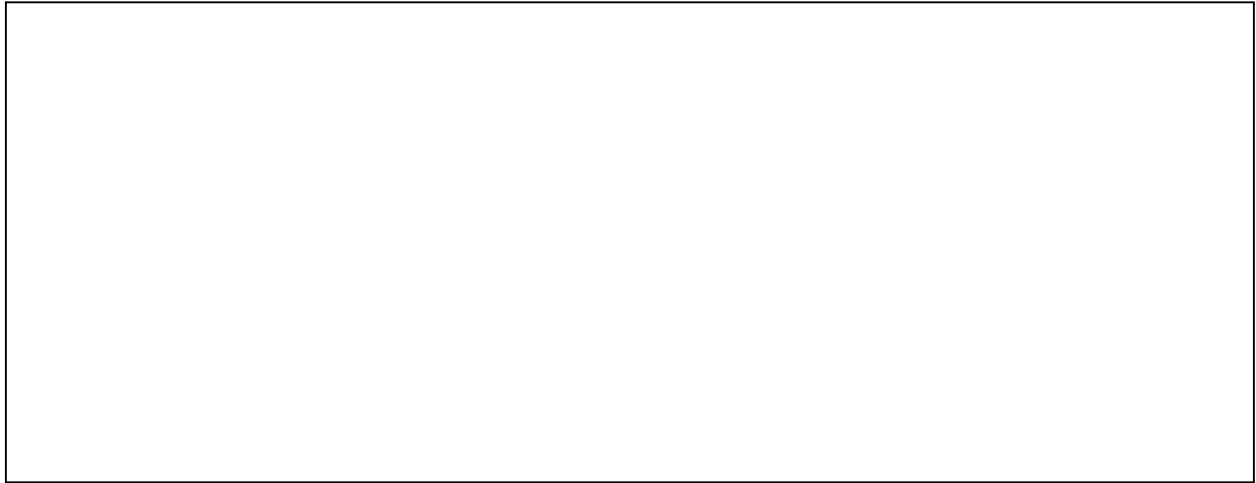
D. Class: \_\_\_\_\_ # of participants: \_\_\_\_\_

3. Total number of volunteers: \_\_\_\_\_ Please describe all duties they will perform: \_\_\_\_\_

\_\_\_\_\_

4. Do you want a quote for participant excess medical?  Yes  No

Sketch a diagram of the facilities being used, identifying spectator, management and event areas. Remember, we are trying to provide you with the best possible rate. The more complete and detailed your answers are to all questions, the fewer assumptions the Underwriters will have to make.



Note: All coverage contract representations, limits of liability, deductibles, etc. will be the same as is specified in the original contract unless otherwise requested, in writing, and approved by the Underwriting office.





NOTES

Lined area for notes with horizontal ruling lines.

## NOTES

