

YMCA SUPPLEMENTAL QUESTIONNAIRE

NOTES: This supplemental questionnaire must be completed in addition to the Specialty Lines Questionnaire.

1. Do you dispense or monitor prescribed medications at any location? YES _____ NO _____
If "YES", how many people would you service annually? _____
 Who dispenses or monitors the prescribed medications? _____
 What are their qualifications? _____

2. Do you offer programs that involve counseling? YES _____ NO _____
If "YES", provide details: _____

3. Provide details of any owned or leased watercraft (i.e. number of units, type, horsepower, etc.) and explain their use: _____

4. Provide details of any owned or leased aircraft and explain their use: _____

5. Provide details of any unlicensed motor vehicles which you operate and explain their use: _____

6. Provide details of any special events you sponsor outside of your ongoing programs: _____

7. Do you manufacture or sell products? YES _____ NO _____
If "YES", provide details and annual sales: _____

8. Do you own or operate any tanning or sauna equipment? YES _____ NO _____
If "YES", advise the number and provide a manufacturer's brochure, if possible: _____

