# SWIM AND RACQUET CLUB PROGRAM APPLICATION

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| Applicant’s Name:              Mailing Address:              Location Address:               | Agency Name:       Agent No.:       Address:              E-mail:       Phone No.:        |

**PROPOSED EFFECTIVE DATE:** From:       To:       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**Applicant is:** [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Joint Venture

[ ]  Limited Liability Company [ ]  Other (Specify):

**Website Address:**

**E-mail Address:**       **Phone No.:**

**Limits Of Liability & Deductible Requested:**

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| General Aggregate (other than Products/Completed Operations) | $      |
| Products & Completed Operations Aggregate | $      |
| Personal & Advertising Injury (any one person or organization) | $      |
| Each Occurrence | $      |
| Damage To Premises Rented To You (any one premise) | $      |
| Medical Expense (any one person) | $      |
| Sexual and/or Physical Abuse Coverage | $25,000/$50,000 (included) |
| Limited Participant Coverage | $25,000/$50,000 (included) |
| Other Coverages, Restrictions, and/or Endorsements:       | $      |
| Deductible | $      |

**1. Type of business:** **[ ]**  Swim club [ ]  Tennis club [ ]  Racquetball club [ ]  Ocean beach club [ ]  Lake beach club

**[ ]**  Other:

**2. Is club located at an active or former rock quarry?** [ ]  Yes [ ]  No

**3. Hours of operation:**

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| If twenty-four (24) hour service, advise staffing:       |

**4. Total number of employees:**

**5. Number of members:**

**Number of families:**

**6. Are minors permitted to join the club?** [ ]  Yes [ ]  No

**7. Are non-members allowed on the premises?** [ ]  Yes [ ]  No

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| If yes, explain:       |

Advise non-member receipts:

**8. Are child care facilities provided?** [ ]  Yes [ ]  No

If yes, maximum number of children:

Maximum age:

Activities provided:

**9. Any pools or other bodies of water where swimming is permitted?** [ ]  Yes [ ]  No

If yes:

**a.** Number of pools:

**b.** Pool area fenced with self-latching gate? [ ]  Yes [ ]  No

**c.** Depths marked? [ ]  Yes [ ]  No

**d.** Rules posted? [ ]  Yes [ ]  No

**e.** Life safety equipment at poolside? [ ]  Yes [ ]  No

 **f.** Diving boards/platforms/rafts? [ ]  Yes [ ]  No Height:

**g.** Slides? [ ]  Yes [ ]  No Height:

**h.** Lifeguards? [ ]  Yes [ ]  No

**(1)** If yes: By applicant or outside contractor?

If outside contractor, are certificates of insurance on file? [ ]  Yes [ ]  No

**(2)** Are lifeguards Red Cross certified? [ ]  Yes [ ]  No

 **i.** Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? [ ]  Yes [ ]  No

**10. Any diving instruction, diving competition or diving teams?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**11.** **Are staff members trained in CPR?** [ ]  Yes [ ]  No

Is a CPR trained staff member on duty at all times? [ ]  Yes [ ]  No

**12. Has applicant had any previous or pending allegations of sexual and/or physical abuse?** [ ]  Yes [ ]  No

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| If yes, explain:       |

**13. Is there a sauna or steam room?** [ ]  Yes [ ]  No

**14. Is there a jacuzzi, hot tub or spa?** [ ]  Yes [ ]  No

**15. Any shower facilities?** [ ]  Yes [ ]  No

If yes, do showers have non-skid floors? [ ]  Yes [ ]  No

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| Describe cleaning schedule:       |

**16. How many tanning beds?**

Goggles provided? [ ]  Yes [ ]  No

Self-timers? [ ]  Yes [ ]  No

Are beds U.L. approved? [ ]  Yes [ ]  No

**17. Any masseuses?** [ ]  Yes [ ]  No

If yes: Number of employees:

Number of independent contractors:

Are certificates provided? [ ]  Yes [ ]  No

**18. Number of tennis courts:**

Number of racquetball/handball courts:

Any public receipts from hourly rental? [ ]  Yes [ ]  No

If yes, amount: $

**19. Are gymnastics taught?** [ ]  Yes [ ]  No

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| Describe procedure in case of an accident:       |

**20. Any trampolines on premises?** [ ]  Yes [ ]  No

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| If yes, describe and advise usage:       |

**21. Any exercise equipment provided?** [ ]  Yes [ ]  No

**22. Any exercise classes taught?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**23. Any professional trainers?** [ ]  Yes [ ]  No

If yes, number:

**24. Any portion of the premises rented out for weddings, parties, meetings, etc.?** [ ]  Yes [ ]  No

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| If yes, advise details and square footage:       |

**25. Is pro shop on premises?** [ ]  Yes [ ]  No

If yes, sales: $

**26. Is snack bar or restaurant on premises?** [ ]  Yes [ ]  No

If yes, sales: $

**27. Any special events sponsored?** [ ]  Yes [ ]  No

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| If yes, describe and advise if on or off premises:       |

**28. Does applicant subcontract any operations?** [ ]  Yes [ ]  No

If yes:

**a.** Description of operations subcontracted:

**b.** Annual cost of subcontracted work: $

**c.** Are all subcontractors required to carry General Liability Insurance? [ ]  Yes [ ]  No

If yes, minimum limits required:

If no, what percentage of total subcontracted cost is uninsured?

**d.** Are all subcontractors required to carry Workers Compensation Insurance? [ ]  Yes [ ]  No

**e.** Are certificates of insurance required from all subcontractors? [ ]  Yes [ ]  No

 **f.** Is applicant included as an additional insured on all subcontractors’ policies? [ ]  Yes [ ]  No

**29. Is parking lot well lit?** [ ]  Yes [ ]  No

**30. Does applicant have Workers’ Compensation coverage in force?** [ ]  Yes [ ]  No

**31. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

**32. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| If yes, describe:       |

**33. During the past three years, has any company ever cancelled, declined or refused to issue similar insurance to the applicant?** (Not applicable in Missouri) [ ]  Yes [ ]  No

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| If yes, explain:       |

**34. Additional Insured Information:**

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| **Name** | **Address** | **Interest** |
|       |       |       |
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**35. Prior Carrier Information:**

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| --- | --- | --- | --- | --- | --- |
|  | **Year:**      | **Year:**      | **Year:**      | **Year:**      | **Year:**      |
| **Carrier** |       |       |       |       |       |
| **Policy Number** |       |       |       |       |       |
| **Coverage** |       |       |       |       |       |
| **Total Premium** | $      | $      | $      | $      | $      |

**36. Loss History—Five Year Period:**

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| **Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years.** [ ]  Check if no losses last five years. |
| **Date of Loss** | **Description of Loss** | **AmountPaid** | **AmountReserved** | **Claim Status(Open or Closed)** |
|       |       | $      | $      |       |
|       |       | $      | $      |       |
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|       |       | $      | $      |       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties
under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |