# 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** | **Amount Paid** | **Amount Reserved** | **Claim Status (Open or  Closed)** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |

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. | | |