



SWIM AND RACQUET CLUB PROGRAM APPLICATION

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:

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: _____
 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

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

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

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

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
- Describe procedure in case of an accident:
-
- 20. Any trampolines on premises?**..... Yes No
- If yes, describe and advise usage:
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- 21. Any exercise equipment provided?**..... Yes No
- 22. Any exercise classes taught?** Yes No
- If yes, describe:
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- 23. Any professional trainers?**..... Yes No
- If yes, number:.....
- 24. Any portion of the premises rented out for weddings, parties, meetings, etc.?**..... Yes No
- If yes, advise details and square footage:
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- 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
- 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
 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
 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
 If yes, explain: _____

34. Additional Insured Information:

Name	Address	Interest

35. Prior Carrier Information:

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium	\$	\$	\$	\$	\$

36. Loss History—Five Year Period:

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: _____

IMPORTANT NOTICE

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.