

# Swim and Racquet Club Program Application

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location \_\_\_\_\_

Agent Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Applicant is:**     Individual         Corporation         Partnership         Joint Venture  
                           Limited Liability Company         Other (Specify): \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$	Premises/Operations
Products & Completed Operations Aggregate \$	
Personal & Advertising Injury \$	Products/Completed Operations
Each Occurrence \$	
Fire Damage (any one fire) \$	Other
Medical Expense (any one person) \$	
Other Coverages, Restrictions, and/or Endorsements	Total
Deductible \$	

**A. Type of business:** \_\_\_\_\_

**B. Location:** \_\_\_\_\_

**C. Risk is:**     Swim club                       Tennis club                       Racquetball club

Number of members: \_\_\_\_\_

**D. Any pool?**     Yes     No  
 Rules posted?  Yes     No  
 Lifeguards?     Yes     No  
 Any diving boards/platforms?  Yes     No    If yes, height: \_\_\_\_\_  
 Slides?             Yes     No    If yes, height: \_\_\_\_\_

**E. Are staff members trained in CPR?**  Yes     No  
 Are lifeguards Red Cross certified?  Yes     No

**F. Is there a life ring or any other lifesaving equipment at the pool?**  Yes     No  
 If yes, please describe: \_\_\_\_\_

**G. Any diving competition or diving teams?**  Yes  No

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

Diving instructors?  Yes  No If yes, please describe: \_\_\_\_\_

**H. Does applicant have Workers' Compensation coverage in force?**  Yes  No

**I. Does applicant lease employees?**  Yes  No

**J. Total number of employees:** \_\_\_\_\_

**K. How many tanning beds?** \_\_\_\_\_

Goggles provided?  Yes  No

Self-timers?  Yes  No

Are beds U.L. approved?  Yes  No

**L. Hours of operation:** \_\_\_\_\_ If 24 hour service, please advise staffing: \_\_\_\_\_

**M. Is parking lot well lit?**  Yes  No

**N. Number of tennis courts:** \_\_\_\_\_ Number of racquetball/handball courts: \_\_\_\_\_

Any public receipts from hourly rental?  Yes  No If yes, provide amount: \$ \_\_\_\_\_

**O. Any shower facilities?**  Yes  No

Sauna or steam?  Yes  No

Jacuzzi?  Yes  No

Do showers have non-skid floors?  Yes  No Describe cleaning schedule: \_\_\_\_\_

**P. Is gymnastics taught?**  Yes  No Any trampolines?  Yes  No

Describe procedure in case of accident: \_\_\_\_\_

**Q. Are minors permitted to join club?**  Yes  No

Are child care facilities provided?  Yes  No

Maximum number of children: \_\_\_\_\_ Maximum age: \_\_\_\_\_ Activities provided: \_\_\_\_\_

**R. Is pro shop on premises?**  Yes  No If yes, sales: \$ \_\_\_\_\_

Is snack bar on premises?  Yes  No If yes, sales: \$ \_\_\_\_\_

**S. Any outside events sponsored?**  Yes  No If yes, describe: \_\_\_\_\_

Special events on or off premises?  Yes  No

**T. Are non-members allowed on the premises?**  Yes  No If yes, please explain: \_\_\_\_\_

Any non-member receipts?  Yes  No

U. Any professional trainers?  Yes  No Number: \_\_\_\_\_

V. Any masseuse?  Yes  No If yes:  Employees  Independent contractors

If independent contractors, are certificates provided?  Yes  No Number: \_\_\_\_\_

W. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable to Missouri applicants.)  Yes  No If yes, explain: \_\_\_\_\_

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL. #	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

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.

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(MUST BE OWNER, PARTNER OR OFFICER)

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION OR AUDIT:

\_\_\_\_\_

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.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE