

**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)

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

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**IMPORTANT NOTICE**

As part of our underwriting procedures, 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.