

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
 Phone: 414-778-3560 • Fax: 414-778-3598

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 _____
(Applicable to Florida Agents Only.)

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