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Swim and Racquet Club Program Application

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-mail: _____
 Phone: _____

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

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

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

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: _____

- 21. Any exercise equipment provided?**..... Yes No
- 22. Any exercise classes taught?** Yes No
 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
 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
 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 are 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. <input type="checkbox"/> 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 Nebraska, Oregon and Vermont.**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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.

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/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.