

Swim and Racquet Club PDQ Application

Applicant's Name _____ Agent Name _____
 Mailing Address _____ Address _____

 Location _____ Agent No. _____

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 businessLocation: _____

B. Risk is: Swim Club Tennis Club Racquetball Club
 Number of Members: _____

C. 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: _____

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

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

F. 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 UL 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 rentals? 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. Are gymnastics taught? Yes No Any trampolines? Yes No
 Describe procedure in case of accident: _____

- Are minors permitted to join club? Yes No Are child care facilities provided? Yes No
 Maximum number of children: _____ Maximum age: _____ Activities provided: _____

- Q. Is pro shop on premises? Yes No If yes, sales: \$ _____
 Is snack bar on premises? Yes No If yes, sales: \$ _____
- R. Any outside events sponsored? Yes No If yes, please describe: _____

- Special events on or off premises? Yes No
- R. Are non-members allowed on the premises? Yes No If yes, please explain: _____

- Any non-members receipts? Yes No
- S. Any professional trainers? Yes No Number: _____
- T. Any masseuse? Yes No If yes, Employee Independent contractors
 If independent contractors, are certificates provided? Yes No Number: _____
- U. During the last three years has any company ever canceled, declined or refused to issue similar
 insurance to the applicant? (Not applicable to Missouri applicants)
 Yes No If yes, please explain: _____

APPLICANT'S SIGNATURE _____ DATE _____
 (Owner, Partner or Officer)

PRODUCER _____ DATE _____