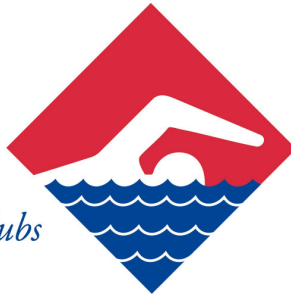


**The  
Swim Club  
INSURANCE PROGRAM**

*Serving the unique insurance needs  
of non-profit, community swim clubs*



**RENEWAL APPLICATION FOR  
PROPERTY AND LIABILITY INSURANCE**

*Program Manager*  
WIDERMAN & COMPANY  
70 TANNER STREET  
HADDONFIELD, NJ 08033  
TELEPHONE: 1-800-220-3434 FAX (856) 429-7439  
E-MAIL: [cdumbleton@swimclubinsurance.com](mailto:cdumbleton@swimclubinsurance.com)  
WEB SITE : [www.swimclubinsurance.com](http://www.swimclubinsurance.com)

**WHAT YOU SHOULD KNOW ABOUT THIS APPLICATION:**

The purpose of this application is to provide us with insurance underwriting and rating information about your swim club. Thank you for taking the time to provide us with accurate information.

Your submission of this application does not obligate you to renew this insurance nor are we obligated to offer insurance on any specific terms requested. If renewal coverage is offered or bound, any false or incorrect statements or answers, which may have affected our decision to offer or bind coverage, could result in the offer being retracted or coverage being voided.

**INSTRUCTIONS:**

1. Answer all questions. If any question does not apply, indicate N/A.
2. The application must be signed and dated by an officer of the club.
3. If the space provided on this application is not sufficient to provide a full or complete answer to any question, please provide your response on the Supplemental Application.

**SECTION I – GENERAL INFORMATION**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Club Name: \_\_\_\_\_ Renewal Date: \_\_\_\_\_  
*(include d/b/a or trade name, if applicable)*

2. Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
*(Street)*  
 \_\_\_\_\_  
*(City) (State) (Zip)*

3. Location Address: \_\_\_\_\_  
 \_\_\_\_\_  
*(Street)*  
 \_\_\_\_\_  
*(City) (State) (Zip) (County)*

4. Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Secondary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

6. Does your swim club have a web site?  Yes  No  
 If yes, web site address: \_\_\_\_\_

**SECTION II – MEMBERSHIP & OPERATIONS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Current Number of Family Memberships: \_\_\_\_\_ *(Include single/one person memberships above)*

2. Are non-members/guests permitted to use the swim club?  Yes  No  
 If yes, must non-members/guests be accompanied by a member?  Yes  No  
 If no, please explain: \_\_\_\_\_

3. Does your club lease out the pool or club facilities to non-members or outside organizations?  Yes  No  
 If yes, please explain in detail using the Outside Organization Supplemental Application.

4. What type of special events will be held at your club *(in season and off season)* in the next 12 months?  
 \_\_\_\_\_  
 Number of events? \_\_\_\_\_

5. What type of off-site events or trips will be held or sponsored by your club *(in season and off season)* in the next 12 months?  
 \_\_\_\_\_  
 Number of events? \_\_\_\_\_

6. Will non-members or guests be invited to attend these events?  Yes  No

7. Explain below any changes at your swim club, made in the past 12 months, regarding any of the following:  
 - Number of swim meets hosted by your club. \_\_\_\_\_  
 - Changes in pool rules, pool policies or safety procedures. \_\_\_\_\_  
 - Addition of tennis courts, basketball courts or other recreational facilities \_\_\_\_\_  
 - Construction of new buildings or purchase of other property. \_\_\_\_\_  
 - Use of your swim club by non-members or outside organizations. \_\_\_\_\_  
 - Use of outside contractors or vendors providing services to the club. \_\_\_\_\_

**If the space provided is not sufficient to provide a full or complete answer to any of the above questions, please provide your response on the Supplemental Application.**

**PROPERTY**

1. Please provide the coverage limits\* required on your swim club’s buildings and other property, along with the information requested below.

	BUILDING 1	BUILDING 2	BUILDING 3
Building Description:	_____	_____	_____
Building Value:	\$ _____	\$ _____	\$ _____
Contents Value: **	\$ _____	\$ _____	\$ _____

2. Do you want your property insurance extended to cover your swimming pools?  Yes  No

If yes, please provide the following:	POOL 1	POOL 2	POOL 3
Pool Value:	\$ _____	\$ _____	\$ _____

3. Please list the types and amounts of insurance required on outdoor property and equipment: (i.e. playground equipment, fences, signs, etc.)

Type of Property	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\* IMPORTANT NOTICE: YOUR SWIM CLUB’S PROPERTY SHOULD BE INSURED FOR ITS TOTAL CURRENT REPLACEMENT VALUE. CURRENT APPRAISALS ARE HIGHLY RECOMMENDED AS THE BEST METHOD TO DETERMINE THE VALUE OF YOUR CLUB’S PROPERTY FOR INSURANCE PURPOSES.**

**\*\* Outdoor equipment or other property requiring specific coverage should be listed/shown in question 3 above.**

**LIABILITY**

4. Please select the Commercial General Liability limits desired.

- \$500,000 Each Occurrence/\$1,000,000 General Aggregate
- \$1,000,000 Each Occurrence/\$1,000,000 General Aggregate
- \$1,000,000 Each Occurrence/\$2,000,000 General Aggregate

5. Do you want liability coverage for sexual molestation?  Yes  No

Limits desired:  \$25,000 Each Claim/\$50,000 Aggregate  \$50,000 Each Claim/\$100,000 Aggregate

Are you aware of any incidents or circumstances in the past 12 months that may result in a claim being made against your club?  Yes  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV – REPRESENTATIONS**

By signing this application you agree that:

- The statements and answers given in this application and any attachments to it are true, accurate and complete.
- The statements and answers furnished in this application are representations made on behalf of all persons and entities proposed for coverage.
- These representations are a material inducement to provide an insurance policy.
- Any policy issued will be done so in reliance upon these representations.
- You will report any material change in your club’s operations, condition or answers provided in this application that occur or are discovered between the date of this application and the effective date of any policy, if issued.
- Upon receipt of any such notice, any proposal for or offer of insurance may be modified or withdrawn.

**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 IN MOST STATES AND MAY SUBJECT THE PERSON TO CRIMINAL AND/OR CIVIL PENALTIES.**

\_\_\_\_\_

Date

\_\_\_\_\_

Your Signature

\_\_\_\_\_

Your Title

If you answered "Yes" to question #3 (Section II) on page 2 of this application, completion of this section is required.

**OUTSIDE ORGANIZATIONS – SUPPLEMENTAL APPLICATION**

1. What types of outside (non-member) organizations do you allow to use or lease your swim club facilities (i.e., little leagues, day camps, church or school groups)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How often does this occur? (Please be specific, providing number of hours per day, days per week for each group).  
\_\_\_\_\_  
\_\_\_\_\_
3. Must these groups be sponsored by a club member?  Yes  No
4. Does your swim club charge a fee to these groups/organizations?  Yes  No  
If yes, what is the annual revenue/income to your club from such fees? \$ \_\_\_\_\_
5. Do you execute written contracts with these organizations for the use of your facilities?  Yes  No  
If yes, do these contracts contain hold harmless and indemnification provisions in favor of your swim club?  Yes  No  
If yes, do these contracts specify a maximum number of attendees?  Yes  No
6. Do you obtain Certificates of Insurance from these organizations on an annual basis?  Yes  No  
If yes, do these Certificates of Insurance show that your swim club has been named as an "Additional Insured" on their insurance policies?  Yes  No
7. Do these groups provide their own supervision?  Yes  No  
If yes, what is your minimum required ratio of adult supervisors to children/minors? \_\_\_\_\_
8. Is any type of instruction or orientation given to these groups by your pool manager or staff, prior to their use of your swim club?  Yes  No  
If yes, please describe: \_\_\_\_\_
9. Are lifeguards on duty at all times when these groups are using your swim club?  Yes  No
10. Are any special controls, rules or restrictions *enforced* for these groups while using your swim club?  Yes  No  
If yes, please describe: \_\_\_\_\_
11. Is a swimming proficiency test required for all swimmers for areas over 3 ft. in depth?  Yes  No

