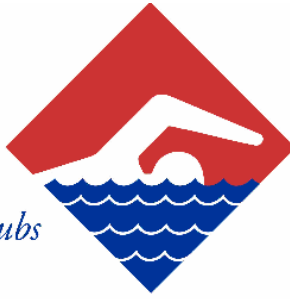


**The
Swim Club**
INSURANCE PROGRAM

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



**APPLICATION FOR
PROPERTY AND LIABILITY INSURANCE**

Program Manager
WIDERMAN & COMPANY
70 TANNER STREET
HADDONFIELD, NJ 08033
TELEPHONE: 800-220-3434 FAX: 856-429-7439
E-MAIL: cdumbleton@swimclubinsurance.com
WEBSITE: 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 buy insurance nor are we obligated to offer insurance on any specific items requested. If 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. 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 a separate paper.
3. This application must be signed and dated by an Officer of the Swim Club.
4. If your Swim Club is less than 2 years old, attach a copy of your by-laws and operating procedures.
5. Attach current year and prior 3 year loss runs (claim history) for your Property and/or General Liability Policies (these are required for new quotes only). Your current Insurance Company or Agent can obtain this information for you.

SECTION I - GENERAL INFORMATION

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Swim Club Name: _____ Requested Effective Date: _____
 DBA: _____
(If applicable, include the DBA or Trade Name)

2. Mailing Address: _____
(Street)

(City) (State) (County) (Zip Code)
 Physical Address: _____
(Street)

(City) (State) (County) (Zip Code)
Do you have any other locations? Yes No **If yes, list these location addresses on a separate paper.**

3. **Primary Contact:** _____ Title: _____
 Phone: _____ Fax: _____ E-mail: _____
Secondary Contact: _____ Title: _____
 Phone: _____ Fax: _____ E-mail: _____

4. Swim Club's Website: _____

5. Swim Club Type: Private Public

6. This Swim Club Operates as a: Non-profit Corporation For Profit Corporation
 Other **(Describe):** _____

7. What year was this Swim Club established? _____
If your Swim Club is less than 2 years old, please attach a copy of your by-laws and operating procedures to this Application

8. Desired General Liability Limits (Each Occurrence/General Aggregate):
 \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 \$1,000,000/\$2,000,000

SECTION II – MEMBERSHIP AND OPERATIONS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Current number of individual, couple or family memberships: _____

2. Your season's opening date: _____ Your season's closing date: _____

3. Do you have documented procedures in place addressing seasonal facility openings and closings? Yes No

4. During the off-season, how often do you monitor your Swim Club's premises? _____

5. Is your Swim Club ever open to the general public on a fee basis? Yes No
A. If yes, how often? _____

6. Do you hire or use outside Contractors and/or Vendors to provide any services (e.g. food concessions, pool maintenance, pool management, landscaping, etc) for your Swim Club? Yes No
If yes, answer A-B.
A. For which type(s) of service? _____

B. Do you obtain a Certificate of Insurance from each Contractor or Vendor evidencing General Liability Limits equal to, or greater than, your own General Liability Limits? Yes No

7. Are childcare or babysitting services provided or permitted by your Swim Club? Yes No

8. Do you apply Pesticides/Herbicides? Yes No

SECTION III – RISK MANAGEMENT

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Are all pool areas enclosed by a fence that meets Local Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
2. Are all gates/entrances securely locked when the Swim Club is closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
3. Are non-members and guests permitted on the Swim Club's premises only when accompanied by a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
4. Are all members and their guests required to register or check-in at the Swim Club's entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
5. At what age are children permitted to enter the Swim Club without an adult or guardian? _____																									
6. Are pool rules posted prominently at the Swim Club's entrance and around the direct pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
7. Does your Swim Club have an individual on staff that has been trained in facility operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
A. If yes, has this individual been certified in pool operations, including water testing and the use of pool chemicals?	<input type="checkbox"/> N/A (i.e. not required by Statute or Ordinance) <input type="checkbox"/> Yes <input type="checkbox"/> No																								
8. Are there procedures in place to ensure that there is always an adequate number of Lifeguards in place based upon the varying pool usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
9. Are all Lifeguards Red Cross (or similar organization) certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
10. Are Lifeguards required to take an annual Lifeguard refresher course?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
11. Are Lifeguards on duty at all times during pool hours of operation, including while leased to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
12. Is a Lifeguard stationed at the baby/kiddy pool during pool hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
A. If not, is the baby/kiddy pool area separated from the rest of the pool facility by a fence with a self-closing and latching gate and is there signage stating that adult supervision is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
13. Are procedures in place to restrict pool access for infants, non-swimmers and novice swimmers?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
14. Are children given a swimming proficiency test before they are permitted in all areas of the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
15. How do Lifeguards track pool access privileges of children that have not passed a swimming proficiency test? _____																									
16. How often is the pool water tested? _____																									
17. Do you maintain written documentation of water testing and pool system maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
18. Have you had any State of Local Health Department code violations in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
A. If yes, please explain: _____																									
19. Are all of your pools in compliance with the Federal Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
20. Do you have rescue and first aid equipment located in the pool area?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
21. Are water depths clearly marked on the top and side walls around the entire pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
22. Are "No Diving" warnings clearly marked at all shallow areas of the pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
23. Is the use of floatation devices permitted in any pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
A. If yes, please explain: _____																									
24. Do any of your pools have a diving board and/or water slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
If yes, answer A-D.																									
A. Provide the height of each diving board and/or water slide and your minimum height requirement for each diving board and/or water slide:																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;"></th> <th style="width:15%;">Height of Diving Board</th> <th style="width:15%;">Height requirement to use Diving Board</th> <th style="width:25%;"></th> <th style="width:15%;">Height of Water Slide</th> <th style="width:15%;">Height requirement to use Water Slide</th> </tr> </thead> <tbody> <tr> <td>1st Diving Board</td> <td style="text-align: center;">Meters</td> <td></td> <td>1st Water Slide</td> <td style="text-align: center;">Meters</td> <td></td> </tr> <tr> <td>2nd Diving Board</td> <td style="text-align: center;">Meters</td> <td></td> <td>2nd Water Slide</td> <td style="text-align: center;">Meters</td> <td></td> </tr> <tr> <td>3rd Diving Board</td> <td style="text-align: center;">Meters</td> <td></td> <td>3rd Water Slide</td> <td style="text-align: center;">Meters</td> <td></td> </tr> </tbody> </table>		Height of Diving Board	Height requirement to use Diving Board		Height of Water Slide	Height requirement to use Water Slide	1st Diving Board	Meters		1st Water Slide	Meters		2nd Diving Board	Meters		2nd Water Slide	Meters		3rd Diving Board	Meters		3rd Water Slide	Meters		
	Height of Diving Board	Height requirement to use Diving Board		Height of Water Slide	Height requirement to use Water Slide																				
1st Diving Board	Meters		1st Water Slide	Meters																					
2nd Diving Board	Meters		2nd Water Slide	Meters																					
3rd Diving Board	Meters		3rd Water Slide	Meters																					

B. Do you have guidelines in place addressing diving board and water slide usage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are minors provided with instructions regarding the proper usage of diving boards and/or water slides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Do you have procedures in place to ensure that all diving boards and/or water slides are inspected and maintained on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is there any playground equipment located at your premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer A-E.	
A. Describe the ground cover (e.g. grass, wood chips, sand, sand, rubber): _____	
B. Is all playground equipment properly anchored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Is all playground equipment inspected periodically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Do you have a maintenance schedule in place for your playground equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Is the playground area separated from all vehicular traffic and/or completely fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there any other recreational areas located at your premises (e.g. baseball field, basketball or tennis courts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer A-B.	
A. Please describe: _____	
B. Is this area separated from all vehicular traffic and/or completely fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is any commercial cooking equipment used (e.g. deep fat fryers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, is this equipment protected in accordance with NFPA standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are outdoor charcoal or gas grills available for use at your Swim Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, are these grills located in a secure area, away from children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Does your Swim Club have a policy addressing on-site consumption of alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. If yes, please describe: _____	

SECTION IV – SWIM/DIVE TEAMS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you have a Swim and/or Dive Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer A-C.	
A. Do you require written parental permission or a signed release from all participants on an annual basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. How many years of experience does the Coach have? _____	
C. Describe the Coach's experience: _____ _____ _____	

SECTION V – SPECIAL EVENTS

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you sponsor or run any special events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, answer A-C.	
A. How many special events are held each year? _____	
B. What type of special events? _____ _____ _____	
C. Do any of your special events include firework displays and/or mechanical or inflatable amusements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI – FACILITY LEASING

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you lease your Swim Club facilities to others? Yes No

If yes, answer A-G.

A. Provide the Name of each Lessee as well as the number of days your Swim Club is leased to that Lessee and the number of participants using your facility **(please attach a separate paper if additional space is required):**

Name of Lessee	Number of Days	Number of Participants

B. Do you obtain a Certificate of Insurance from each Lessee evidencing General Liability Limits equal to, or greater than, the Swim Club’s General Liability Limits? Yes No

C. Do you require each Lessee to add the Swim Club onto their General Liability Policy as an Additional Insured? Yes No

D. Do you require each Lessee to provide supervision for their participants? Yes No

(i) If yes, provide your required minimum ratio of adult supervisors to children: _____ to _____

E. Do you provide instructions or an orientation to each Lessee with respect to pool rules and guidelines prior to their use of your facilities? Yes No

F. Are swimming proficiency tests, for areas over 3 feet in depth, required for all of the Lessee’s swimmers? Yes No

G. Do you require each Lessee to contractually hold the Swim Club harmless? Yes No

SECTION VII – PROPERTY COVERAGE

PLEASE COMPLETE EVERY ITEM OR INDICATE N/A

1. Do you want to purchase Property coverage? Yes No

If yes, answer 2-6.

BUILDING, BUSINESS PERSONAL PROPERTY AND BUSINESS INCOME

2. Please describe each Building located at your premises:

	Building 1	Building 2	Building 3
Building Construction Type (e.g. Frame, Joisted-Masonry, Non-combustible, Masonry Non-combustible, Fire Resistive)			
Occupancy Description (e.g. Office, Restaurant, Locker Room, etc...)			
Building Age			
Total Square Footage			
Number of Stories			
Distance to Closest Owned Building			
Protection Class (e.g. 1 – 10)			
Distance to nearest Fire Hydrant?			
Distance to nearest Fire Department?			
Operational Central Station Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Burglary Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Suppression (Sprinkler) System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Suppression (Sprinkler) System?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Central Station Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operational Local Fire Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recently (i.e. within 12 months) tagged or purchased Fire Extinguisher(s) located on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. If any Building listed above is over 30 years old, please provide the date of the most recent update(s):			
	Building 1	Building 2	Building 3
Date of Most Recent Roofing Update			
Date of Most Recent Electrical Update			
Date of Most Recent Plumbing Update			
Date of Most Recent Heating Update			

4. Please list your desired Limit(s) for all desired Coverage(s) for <u>each</u> Building located at your premises:			
	Building 1	Building 2	Building 3
Building	\$	\$	\$
Business Personal Property	\$	\$	\$
Business Income	\$	\$	\$

POOLS		
5. Please list the value for <u>each</u> Pool:		
Pool 1	Pool 2	Pool 3
\$	\$	\$

MISCELLANEOUS PROPERTY					
6. Please list <u>each</u> Item (e.g. playground equipment, mowers, etc...):					
	Year	Manufacturer	Model	Serial Number	Limit
1.					\$
2.					\$
3.					\$

SECTION VIII - PRIOR GENERAL LIABILITY INSURANCE

1. Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 3 years:				
Year	General Liability Insurance Company Name	General Liability Limits	General Liability Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
2. In the last 3 years, has your insurance been Declined, Cancelled or Non-renewed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please explain why: _____				

SECTION IX - PRIOR PROPERTY INSURANCE

1. Provide Insurance Company Names as well as your Limits, Deductibles and Premiums for the last 3 years:				
Year	Property Insurance Company Name	Property Limit	Property Deductible	Premium
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
2. In the last 3 years, has your insurance been Declined, Cancelled or Non-renewed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please explain why: _____				

SECTION X - CLAIM HISTORY

1. Provide details for the last 3 years - if none, please state "none":			
Date of Loss	Description of Loss	Open/Close	Total Incurred
			\$
			\$
			\$

Applicant's Signature

APPLICANT: I UNDERSTAND THAT THIS APPLICATION FOR INSURANCE AND ANY POLICY ISSUED AS A RESULT OF THE APPROVAL OF THIS APPLICATION WILL **ONLY** PROVIDE INSURANCE FOR PRIVATE, NON-PROFIT SWIM CLUB OPERATIONS AND ANY OTHER APPROVED OPERATIONS SCHEDULED ON THE ISSUED POLICY. I FURTHER UNDERSTAND THAT NO COVERAGE WILL BE PROVIDED FOR ANY OTHER BUSINESS, OPERATIONS OR SERVICES UNLESS THEY ARE SPECIFICALLY ADDED TO ANY POLICY ISSUED FOR AN ADDITIONAL PREMIUM. I BELIEVE THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE INSURER WILL RELY ON THESE STATEMENTS IF A POLICY IS TO BE ISSUED. PROVIDING FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS FRAUD, WHICH IS A CRIME IN MANY STATES.

Applicant's Signature:		Date:	
Applicant's Name:		Applicant's Title:	

IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE