

# **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](mailto:cdumbleton@swimclubinsurance.com)  
WEB SITE: [www.swimclubinsurance.com](http://www.swimclubinsurance.com)

---

### **WHAT SHOULD YOU 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. 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 provided.
4. Provide current year and prior 3 year loss runs (claims history) for your property and liability policies. 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. Club Name: \_\_\_\_\_ Requested Effective 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: \_\_\_\_\_

6a. Type of swim club:  Private  Public\*  For-Profit Corporation \*  Non-Profit Corporation  
 Other *(describe)* \_\_\_\_\_

6b. Year club was established: \_\_\_\_\_

6c. Has your club operated under another name in the past 5 years?  Yes  No  
If yes, under what name? \_\_\_\_\_

7. Federal Identification Number: \_\_\_\_\_

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

*\*Only seasonal, private, non-profit swim clubs are eligible for coverage in this program.*

**SECTION II –MEMBERSHIP & OPERATIONS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Current number of family memberships: \_\_\_\_\_ *(include single/one person memberships)*

2. Maximum allowable number of family memberships: \_\_\_\_\_

3. Current bond amount \$ \_\_\_\_\_

4. Season Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

5. Daily Hours of Operation: \_\_\_\_\_ AM to \_\_\_\_\_ PM

6. Does your club have a swim team?  Yes  No

If yes, number of swim team members? \_\_\_\_\_  
Total number of swim meets per year? \_\_\_\_\_  
Number of swim meets hosted by your club per year? \_\_\_\_\_  
Number of swim championship meets hosted by your club per year? \_\_\_\_\_

7. Does your club have a Diving Team?  Yes  No

**SECTION II –MEMBERSHIP & OPERATIONS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

|   |  |
|---|--|
| 8. Is written parental permission or a signed release required annually for Swim/Dive participation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Is group transportation provided by the club for any meets or events?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are childcare or babysitting services provided by or permitted by the club?<br>If yes, please explain: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are non-members/guests permitted to use the swim club?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Does your club lease out the pool or club facilities to non-members or outside organizations?<br>If yes, please complete Supplemental Application attached. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION III - SPECIAL EVENTS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

|  |  |
|--|--|
| 1. What type of special events are held at your club ( <i>in-season and off-season</i> )?<br>_____<br>_____<br>Number of events per year? _____                        |  |
| 2. What type of off-site events or trips are held or sponsored by your club ( <i>in-season and off-season</i> )?<br>_____<br>_____<br>Number of events per year? _____ |  |
| 3. Are non-members or guests invited to attend these special events?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Describe your club's policy regarding consumption of alcoholic beverages.<br>_____<br>_____<br>_____  |  |

**SECTION IV – POOL SAFETY & RISK MANAGEMENT**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

|  |  |
|--|--|
| 1a. Is your entire club fenced or enclosed and all gates/entrances securely locked to prevent unauthorized access when the club is closed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1b. What is the height of the fencing or enclosure? _____  |  |
| 1c. Is there any other security in place to prevent unauthorized access to the club?<br>If yes, describe: _____                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are all pool, recreation and parking areas well illuminated?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is your club compliant with all state and local health code requirements?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Any health code violations in the past three (3) years?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. How often is the pool water tested? _____<br>Are these water tests documented and kept for inspection?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are all members and guests required to register or check-in at the club's entrance?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION IV – POOL SAFETY & RISK MANAGEMENT**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

|  |  |
|--|--|
| 7. Are your pool “rules” posted prominently at the club entrance or other conspicuous place?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 8. Are water depths clearly marked on the top and side walls around the <b>entire</b> pool(s)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9. Are “No Diving” warnings clearly marked at <b>all</b> shallow areas of the pool(s)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 10. Is the “baby” pool area fenced with a self-latching gate?<br>If no, is a lifeguard posted at the baby pool?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. At what age are children/adolescents permitted entry to the club without an adult or guardian? _____   |  |
| 12. Describe your club’s safety procedures or rules which restrict infants, non-swimmers and novice swimmers access to the pool or restrict them to shallow areas:<br>_____<br>_____<br>_____                              |  |
| 13. 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   |
| 14. Once a child is tested, how do the lifeguards know if that child’s swimming privileges are or are not restricted to certain areas of the pool? _____<br>_____  |  |
| 15a. Are all lifeguards Red Cross certified?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15b. Are lifeguards on duty at all times during regular hours of operation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15c. Number of guards on duty at any one time? _____   |  |
| 16. Is all required life saving equipment kept at poolside and easily accessible to the lifeguards and club members?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17a. Is cooking done in any buildings?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17b. If yes, is there an automatic fire extinguishing/suppression system installed over all cooking areas/apparatus?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 18. Are charcoal or gas grills available for use at your club?<br>If yes, is the use of these grills limited to low traffic areas?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Does your club have one or more pool managers?<br>Is a pool manager required to be on premises at all times?<br>What job skills or qualifications are required to be the club/pool manager?<br>_____<br>_____<br>_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION IV – POOL SAFETY & RISK MANAGEMENT**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

20. Does your club have:
- |                        |  |                          |                            |
|------------------------|--|--------------------------|----------------------------|
| Diving Boards          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # of Boards        | _____ Height of Each Board |
| Slides                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Height             |                            |
| Tennis Courts          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # of Courts        |                            |
| Basketball Courts      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # of Courts        |                            |
| Playgrounds            | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ # of Areas         |                            |
| Food Concession        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Leased Out         | _____ Club Run             |
| Other Recreation Areas | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |                            |

\_\_\_\_\_

\_\_\_\_\_

On what type of surface is the playground constructed (sand, rubber, mulch, bark, etc.)? \_\_\_\_\_

- 21a. Do you hire or use outside contractors or vendors to provide any services to the club?  Yes  No  
 (e.g. food concession, pool maintenance or management, landscapers, etc.) If yes, describe the type of services provided:

\_\_\_\_\_

\_\_\_\_\_

- 21b. Are Certificates of Insurance obtained from these service providers on an annual basis?  Yes  No

\_\_\_\_\_

22. Does your club utilize an incident/accident reporting form to record falls or other injuries that occur on the premises?  Yes  No

**SECTION V – INSURANCE COVERAGE & LIMITS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

**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 **  | \$ _____   | \$ _____   | \$ _____   |
| Year Built   | _____      | _____      | _____      |
| Number of Stories  | _____      | _____      | _____      |
| Square Foot Area   | _____      | _____      | _____      |
| Construction (Wood Frame, Masonry, Metal)  | _____      | _____      | _____      |
| Type of Roof (Wood Joists, Metal Joists)   | _____      | _____      | _____      |
| Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No                                  |            |            |            |
| Please provide year of building updates for buildings 25 years and older. (If not applicable, put N/A) |            |            |            |
| Roof   | _____      | _____      | _____      |
| Heating/AC   | _____      | _____      | _____      |
| Plumbing   | _____      | _____      | _____      |
| Electric   | _____      | _____      | _____      |

**\*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 on page 6.**

**SECTION V – INSURANCE COVERAGE & LIMITS**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

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    |
|------------------|----------|
| _____            | \$ _____ |
| _____            | \$ _____ |
| _____            | \$ _____ |
| _____            | \$ _____ |

**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

**SECTION VI – CURRENT & PRIOR INSURANCE**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

**CURRENT INSURANCE**

Please provide details on your current insurance.

| Property          |          | General Liability |
|-------------------|----------|-------------------|
| Company Name:     |          |                   |
| Policy Number:    |          |                   |
| Policy Term/Date: |          |                   |
| Coverage Limits:  |          |                   |
| Premium:          | \$ _____ | \$ _____          |

**CLAIMS HISTORY**

1. Please provide details of all liability claims made against your club in the past five years.

Check here if none.

Date: \_\_\_\_\_ Description of Occurrence or Claim:

\_\_\_\_\_

Date: \_\_\_\_\_ Description of Occurrence or Claim:

\_\_\_\_\_

**SECTION VI – CURRENT & PRIOR INSURANCE**

*PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

2. Please provide details of all property claims or losses your club has experienced in the past five years.

Check here if none.

Date: \_\_\_\_\_ Description of Occurrence or Claim:

Date: \_\_\_\_\_ Description of Occurrence or Claim:

3. Are you aware of any incidents or circumstances that are likely to result in a claim against your club?  Yes  No

If yes, please provide details:

**SECTION VII – 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 #12 (Section II) on page 3 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

