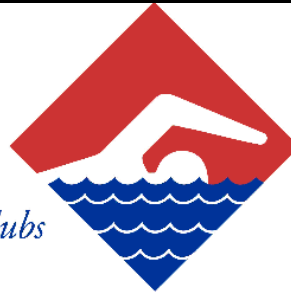


**The  
Swim Club  
INSURANCE PROGRAM**

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



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**APPLICATION FOR  
PROPERTY AND LIABILITY INSURANCE**

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Ashley Dick, Program Manager  
Smith Brothers Insurance, LLC  
68 National Drive  
Glastonbury, CT 06033  
TELEPHONE: 800-220-3434 FAX: 856-429-7439  
E-MAIL: ashleyd@smithbrothersusa.com  
WEBSITE: www.swimclubinsurance.com

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

The purpose of this application is to provide us with insurance underwriting 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 an 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 piece of paper.
3. This application must be signed and dated by an Officer of the Swim Club.
4. Attach current year and prior 3 year loss runs (claim history) on all your Policies. Your current Insurance Company or Agent can obtain this information for you.

**SECTION I - GENERAL INFORMATION**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1.	Swim Club Name: _____	Requested Effective Date: _____
	DBA: _____ <i>(If applicable, include the DBA or Trade Name)</i>	
2.	Mailing Address: _____ <i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State)</i> <i>(Zip Code)</i>
	Location Address: _____ <i>(Street)</i>	
	_____	_____
	<i>(City)</i>	<i>(State)</i> <i>(County)</i> <i>(Zip Code)</i>
3.	Primary Contact: _____	Title: _____
	Phone: _____	Fax: _____ E-mail: _____
	Secondary Contact: _____ Title: _____	
	Phone: _____	Fax: _____ E-mail: _____
4.	Swim Club Type: *Check all that apply:	
	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Other: _____	
5.	What year was your Swim Club established? _____	

**SECTION II – MEMBERSHIP AND OPERATIONS**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1.	Total number of individual, couple and family memberships: _____	
2.	Pool opening date: _____	Pool closing date: _____
3.	Is your Swim Club ever open to the general public on a fee basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>A. If yes, how often?</b> _____	
4.	Do you obtain a Certificate of Insurance from all Contractors and Vendors providing services to your club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does the Swim Club provide direct Childcare Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III – SAFETY AND RISK MANAGEMENT**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1.	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
2.	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
3.	At what age are children permitted to enter the Swim Club without an adult or guardian? _____	
	<b>A. If under 12, are swim tests required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does your Club have a staff member who is a certified pool operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are all Lifeguards Red Cross (or similar organization) certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	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

7. Is a Lifeguard stationed at the baby/kiddy pool during pool hours of operation?  Yes  No  
**A. If no, 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?**  Yes  No

8. How often is the pool water tested? \_\_\_\_\_

9. Does the Swim Club hire a pool management company, inclusive of lifeguard staffing?  Yes  No

10. Are there written records of water testing and pool system maintenance?  Yes  No

11. Have you had any State or Local Health Department code violations in the last 3 years?  Yes  No  
**A. If yes, please explain:** \_\_\_\_\_

12. Do you have a high dive or water slide?  Yes  No  
**If yes, provide the following:**

**A.**

	Height of Diving Board
1 <sup>st</sup> Diving Board	
2 <sup>nd</sup> Diving Board	Feet

	Height of Water Slide
1 <sup>st</sup> Water Slide	Feet
2 <sup>nd</sup> Water Slide	Feet

**B.** Does your Club have height and age restrictions for high dive and water slide usage?  Yes  No

**C.** Do you have procedures in place to ensure that all diving boards and/or water slides are inspected and maintained on a regular basis?  Yes  No

13. Does your Club have a playground?  Yes  No  
**If yes, answer the following:**

**A.** Describe the ground cover (e.g. grass, wood chips, sand, rubber) beneath the equipment: \_\_\_\_\_

**B.** Is all playground equipment inspected periodically?  Yes  No

14. Does your club have any other recreational areas or facilities (e.g. baseball field, basketball or tennis courts)?  Yes  No  
**If yes, please describe:** Tennis courts

**A.** Is this area separated from all vehicular traffic and/or completely fenced?  Yes  No

15. Is any commercial cooking equipment used (e.g. grills, deep fat fryers)?  Yes  No  
**A. If yes, is this equipment protected in accordance with NFPA standards?**  Yes  No

16. Are outdoor charcoal or gas grills available for use at your Swim Club?  Yes  No  
**A. If yes, are these grills located in a secluded area, away from high traffic areas?**  Yes  No

17. Does your Club permit on-site consumption of alcoholic beverages?  Yes  No  
**A. If yes, please describe:** \_\_\_\_\_

**SECTION IV – SWIM/DIVE TEAMS**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1. Do you have a Swim and/or Dive Team?  Yes  No  
**If yes, answer the following:**

**A.** Do you require written parental permission or a signed release from all participants on an annual basis?  Yes  No

**B.** Provide the number of Participants within each of the following age groups:  
12 and under: \_\_\_\_\_ 13 – 15: \_\_\_\_\_ 16 and over: \_\_\_\_\_

**SECTION V – SPECIAL EVENTS**

**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1. Do you sponsor or hold any special events?  Yes  No  
**If yes, answer the following:**  
**A.** What type of special events are held (describe)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**B.** Do any events include firework displays or mechanical or inflatable amusements?  Yes  No

**SECTION VI – FACILITY LEASING**

**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1. Do you lease your Swim Club facilities to others?  Yes  No  
**If yes, answer**

A.	Name of Lessee	Number of Days	Number of Participants

**B.** Do you obtain a Certificate of Insurance from each Lessee evidencing the purchase of General Liability insurance?  Yes  No  
**C.** Do you require each Lessee to add your Swim Club as an Additional Insured on their General Liability Policy?  Yes  No  
**D.** Do you require a minimum ratio of adult supervisors to children?  
 \_\_\_\_\_ to \_\_\_\_\_  Yes  No  
**E.** Do you provide instructions or an orientation to each Lessee regarding 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 sign a contract?  Yes  No

**SECTION VII – PROPERTY DESCRIPTION**

**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

<b>BUILDING, BUSINESS PERSONAL PROPERTY AND BUSINESS INCOME</b>			
1. Describe <u>each</u> Building at your Club:			
	Building 1	Building 2	Building 3
Occupancy Description (e.g. Clubhouse, Pavilion, Pumphouse, Storage Shed, Locker Room, Snack Bar)			
Building Construction Type (e.g. Wood Frame, Joisted-Masonry, Masonry or Metal Non-combustible)			
Building Age			
Total Square Foot Area			
Number of Stories			
Roof Age			
Alarm System(s)	<input type="checkbox"/> None <input type="checkbox"/> Fire/Smoke	<input type="checkbox"/> None <input type="checkbox"/> Fire/Smoke	<input type="checkbox"/> None <input type="checkbox"/> Fire/Smoke

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Burglar         | <input type="checkbox"/> Burglar         | <input type="checkbox"/> Burglar         |
| <input type="checkbox"/> Local Alarm     | <input type="checkbox"/> Local Alarm     | <input type="checkbox"/> Local Alarm     |
| <input type="checkbox"/> Central Station | <input type="checkbox"/> Central Station | <input type="checkbox"/> Central Station |

**SECTION VIII – COVERAGE LIMITS**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

**PROPERTY LIMITS**

1. Select the desired coverage limits for each building at your club.

	Building 1	Building 2	Building 3
Buildings	\$	\$	\$
Personal Property/Contents	\$	\$	\$
Business Income & Extra Expense	\$	\$	\$

**PROPERTY/POOLS**

1. Select the desired coverage limit for each pool at your club.

Pool 1	Pool 2	Pool 3
\$	\$	\$

**PROPERTY - MISCELLANEOUS**

1. If your club has any miscellaneous or special property you wish to insure, list that property here:

Type of Property: \_\_\_\_\_ Replacement Value: \$ \_\_\_\_\_

**GENERAL LIABILITY**

1. Select the desired coverage limit for General Liability and Sexual Molestation.

- General Liability:     \$1,000,000/\$1,000,000     \$1,000,000/\$2,000,000     \$2,000,000/\$2,000,000  
Sexual Molestation:     \$100,000/\$300,000     \$250,000/\$500,000

**SECTION IX – CURRENT INSURANCE**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1. Provide the name of your current Property insurance company and policy premium.

Name of Company: \_\_\_\_\_ Annual Premium/Cost: \$ \_\_\_\_\_

2. Provide the name of your current General Liability insurance company and policy premium.

Name of Company: \_\_\_\_\_ Annual Premium/Cost: \$ \_\_\_\_\_

3. In the last 3 years, has any of your insurance been declined, cancelled or non-renewed?     Yes     No

**A. If yes, please explain why:** \_\_\_\_\_

**SECTION X - CLAIM HISTORY**  
**PLEASE ANSWER ALL QUESTIONS OR INDICATE N/A**

1. Has your club experienced any property or liability claims in the past three years     Yes     No

If Yes, please provide the following:

Date of Loss	Description of Loss	Open/Closed?	Total Amount Paid
			\$

			\$
			\$

**Any Policy quoted may be subject to a Minimum Policy Premium.**

**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.

**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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

<b>Applicant's Signature:</b>		<b>Date:</b>	
<b>Applicant's Name:</b>		<b>Applicant's Title:</b>	

**IMPORTANT: THIS IS NOT A BINDER OR OFFER OF COVERAGE**