

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

Swim and Racquet Club Program Application

Applicant's Name	_____
Mailing Address	_____ _____ _____
Location	_____ _____ _____
Web Site Address	_____

Agency Name	_____
Agent	_____
Address	_____ _____ _____
E-Mail	_____
Phone	_____

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 business: _____

B. Location: _____

C. Risk is: ☐ Swim club ☐ Tennis club ☐ Racquetball club ☐ Ocean Beach Club ☐ Lake Beach Club

Number of members: _____ Number of families: _____

Was club formerly a quarry? ☐ Yes ☐ No

D. Any pools? ☐ Yes ☐ No

Rules posted? ☐ Yes ☐ No Depths marked? ☐ Yes ☐ No

Lifeguards? ☐ Yes ☐ No Fenced with a self-latching gate? ☐ Yes ☐ No

Any diving boards/platforms? ☐ Yes ☐ No If yes, height: _____

Slides? ☐ Yes ☐ No If yes, height: _____

- E. Are staff members trained in CPR?**..... ☐ Yes ☐ No
Are lifeguards Red Cross certified?..... ☐ Yes ☐ No
Is a CPR trained staff member on duty at all times?..... ☐ Yes ☐ No
- F. Is there a life ring or any other lifesaving equipment at the pool?** ☐ Yes ☐ No
If yes, please describe: _____

- G. 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. Total number of employees:** _____
- J. How many tanning beds?** _____
Goggles provided? ☐ Yes ☐ No
Self-timers? ☐ Yes ☐ No
Are beds U.L. approved? ☐ Yes ☐ No
- K. Hours of operation:** _____
If 24-hour service, please advise staffing: _____

- L. Is parking lot well lit?**..... ☐ Yes ☐ No
- M. Number of tennis courts:** _____ **Number of racquetball/handball courts:** _____
Any public receipts from hourly rental? ☐ Yes ☐ No
If yes, provide amount: \$ _____
- N. Any shower facilities?** ☐ Yes ☐ No
Sauna or steam? ☐ Yes ☐ No
Jacuzzi? ☐ Yes ☐ No
Do showers have non-skid floors? ☐ Yes ☐ No
Describe cleaning schedule: _____

- O. Is gymnastics taught?** ☐ Yes ☐ No
Any trampolines?..... ☐ Yes ☐ No
Describe procedure in case of an accident: _____

- P. Are minors permitted to join the 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 or restaurant 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
- S. Are non-members allowed on the premises?**☐ Yes ☐ No
If yes, please explain: _____

- Any non-member receipts?☐ Yes ☐ No
- T. Any professional trainers?**☐ Yes ☐ No
Number: _____
- U. Any masseuse?**☐ Yes ☐ No
If yes: ☐ Employees ☐ Independent contractors
If independent contractors, are certificates provided?☐ Yes ☐ No
Number: _____
- V. Does applicant have other business ventures for which coverage is not requested?**☐ Yes ☐ No
If yes, explain and advise where insured: _____

- W. During the past 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: _____

Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. ☐ See loss run attached

Year	Company	Policy No.	Premium	Paid Losses	Reserved Losses	Loss Description

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."