



**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): \_\_\_\_\_

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

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	\$	

1. **Type of business:** \_\_\_\_\_

2. **Location:** \_\_\_\_\_

3. **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

4. **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: \_\_\_\_\_

5. **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



6. Is there a life ring or any other lifesaving equipment at the pool? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

7. Any diving competition or diving teams? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

Diving instructors? .....  Yes  No  
If yes, please describe: \_\_\_\_\_

8. Does applicant have Workers' Compensation coverage in force? .....  Yes  No

9. Total number of employees: \_\_\_\_\_

10. How many tanning beds? \_\_\_\_\_

Goggles provided? .....  Yes  No

Self-timers? .....  Yes  No

Are beds U.L. approved? .....  Yes  No

11. Hours of operation: \_\_\_\_\_

If 24-hour service, please advise staffing: \_\_\_\_\_

12. Is parking lot well lit? .....  Yes  No

13. Number of tennis courts: \_\_\_\_\_ Number of racquetball/handball courts: \_\_\_\_\_

Any public receipts from hourly rental? .....  Yes  No

If yes, provide amount: \$ \_\_\_\_\_

14. Any shower facilities? .....  Yes  No

Sauna or steam? .....  Yes  No

Jacuzzi? .....  Yes  No

Do showers have non-skid floors? .....  Yes  No

Describe cleaning schedule: \_\_\_\_\_

15. Any portion of the premises rented out for weddings, parties, meetings, etc? .....  Yes  No

If yes, please describe: \_\_\_\_\_

16. Is gymnastics taught? .....  Yes  No

Any trampolines? .....  Yes  No

Describe procedure in case of an accident: \_\_\_\_\_

17. Any exercise equipment provided? .....  Yes  No

18. Any exercise classes taught? .....  Yes  No

If yes, please describe: \_\_\_\_\_



**ROYAL OAK UNDERWRITERS, INC.**  
Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue  
Richmond, Virginia 23229  
Telephone: (804) 741-7999  
WATTS: (800) 628-2967  
Fax: (804) 741-9401  
[www.royaloakunderwriters.com](http://www.royaloakunderwriters.com)

**19. Are minors permitted to join the club?** .....  Yes  No  
Are child care facilities provided? .....  Yes  No  
Maximum number of children: \_\_\_\_\_ Maximum age: \_\_\_\_\_  
Activities provided: \_\_\_\_\_

**20. Is pro shop on premises?** .....  Yes  No If yes, sales: \$ \_\_\_\_\_  
Is snack bar or restaurant on premises? .....  Yes  No If yes, sales: \$ \_\_\_\_\_

**21. Any outside events sponsored?** .....  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
Special events on or off premises? .....  Yes  No

**22. Are non-members allowed on the premises?** .....  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
Any non-member receipts? .....  Yes  No

**23. Any professional trainers?** .....  Yes  No  
Number: \_\_\_\_\_

**24. Any masseuse?** .....  Yes  No  
If yes:  Employees  Independent contractors  
If independent contractors, are certificates provided? .....  Yes  No  
Number: \_\_\_\_\_

**25. Does applicant have other business ventures for which coverage is not requested?** .....  Yes  No  
If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

**26. 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 Number	Premium	Paid Losses	Reserved Losses	Loss Description



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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.

**FRAUD WARNINGS AND ATTESTATION:**

**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.

**FRAUD WARNING NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**FRAUD WARNING NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**FRAUD WARNING NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING 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.

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 NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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.