



Swim and Racquet Club PDQ Supplemental Application

Agent Name _____ Date _____

Applicant's Name _____

Risk is: Swim Club Tennis Club Racquetball Club

Number of Members: _____ (Family memberships are considered as one member)

Swimming Pools? Yes No

Are outside pools fenced with self-latching gates? Yes No

Are rules, hours and depth markers posted? Yes No

Is life safety equipment available? Yes No

Are lifeguards Red Cross certified? Yes No

Are lifeguards sub-contracted? Yes No

Are there any platforms or slides? (If "Yes" prohibited) Yes No

Are diving boards over 1 meter (3 feet)? (If "Yes" prohibited) Yes No

Do you sponsor diving teams, competition or instruction? (If "Yes" prohibited) Yes No

Lake or Beach? _____ If yes, provide acres of each Yes No

Is at least one CPR-trained individual on duty during hours of operation? Yes No

Are there trampolines on premises? Yes No If "Yes" prohibited

Is there a pro shop on premises? Yes No If "Yes" what are the sales? \$ _____

Is there a snack bar on premises? Yes No If "Yes" what are the sales? \$ _____

Any outside events sponsored? Yes No If yes, please complete special event supplemental application.

Describe all losses in the past 3 years: _____

Has insurance been canceled or non-renewed in the past year for non-compliance of recommendations? Yes No

If yes, please explain: _____

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____