



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

SWIM AND RACQUET CLUB PROGRAM APPLICATION

(Complete in addition to the ACORD Application)

Applicant's Name:	_____

Mailing Address:	_____

Location Address:	_____

Agency Name:	_____
Agent No.:	_____
Address:	_____

E-mail:	_____
Phone No.:	_____

PROPOSED EFFECTIVE DATE: From: _____ To: _____ **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. **Type of business:** Swim club Tennis club Racquetball club Ocean beach club Lake beach club
 Other: _____
2. **Is club located at an active or former rock quarry?** Yes No
3. **Hours of operation:** _____
 If twenty-four (24) hour service, advise staffing: _____
4. **Total number of employees:**..... _____
5. **Number of members:**..... _____
Number of families: _____
6. **Are minors permitted to join the club?** Yes No
7. **Are non-members allowed on the premises?**..... Yes No
 If yes, explain: _____
- Advise non-member receipts: _____
8. **Are child care facilities provided?** Yes No
 If yes, maximum number of children:..... _____
 Maximum age: _____
 Activities provided: _____

9. Are there swimming, wading pools, hot tubs or spas? Yes No

If yes:

Number of pools/wading pools? _____

Number of hot tubs/spas? _____

Describe other bodies of water: _____

Pool area fenced with self-latching gate? Yes No

Depths marked on pool? Yes No

Are rules posted and clearly visible? Yes No

Life safety equipment at poolside and/or waterfront? Yes No

Platforms or diving boards? Yes No Height: _____

Slides? Yes No Height: _____

Are swimming pools, wading pools, hot tubs and spas in compliance with all federal and/or state laws and/or regulations Yes No

Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Are there regularly scheduled maintenance and safety inspections performed by qualified maintenance and inspection personnel Yes No

Certified Lifeguards? Yes No

(1) If yes, by applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file? Yes No

(2) Are lifeguards CPR certified? Yes No

Ratio of attendants to children while swimming: _____

10. Any diving instruction, diving competition or diving teams? Yes No

If yes, describe: _____

11. Are staff members trained in CPR? Yes No

Is a CPR trained staff member on duty at all times? Yes No

12. Has applicant had any previous or pending allegations of sexual and/or physical abuse? Yes No

If yes, explain: _____

13. Is there a sauna or steam room? Yes No

14. Is there a jacuzzi, hot tub or spa? Yes No

15. Any shower facilities? Yes No

If yes, do showers have non-skid floors? Yes No

Describe cleaning schedule: _____

16. How many tanning beds? _____

Goggles provided? Yes No

Self-timers? Yes No

Are beds U.L. approved? Yes No

17. Any masseuses? Yes No

If yes: Number of employees: _____



Number of independent contractors:
Are certificates provided? Yes No

18. Number of tennis courts:
Number of racquetball/handball courts:
Any public receipts from hourly rental? Yes No
If yes, amount: \$

19. Are gymnastics taught? Yes No
Describe procedure in case of an accident:

20. Any trampolines on premises? Yes No
If yes, describe and advise usage:

21. Any exercise equipment provided? Yes No

22. Any exercise classes taught? Yes No
If yes, describe:

23. Any professional trainers? Yes No
If yes, number:

24. Any portion of the premises rented out for weddings, parties, meetings, etc.? Yes No
If yes, advise details and square footage:

25. Is pro shop on premises? Yes No
If yes, sales: \$

26. Is snack bar or restaurant on premises? Yes No
If yes, sales: \$

27. Any special events sponsored? Yes No
If yes, describe and advise if on or off premises:

28. Does applicant use subcontractors? Yes No
If yes:
Type of work subcontracted:
Annual subcontract cost:

Are Certificates of Insurance naming insured as additional insured obtained? Yes No

Do subcontractors provide a written contract containing a hold-harmless agreement in favor of the insured? Yes No

Are subcontractor limits equal to or greater than our policy limits, or a minimum \$1,000,000 each Occurrence/\$2,000,000 Aggregate? Yes No

29. Is parking lot well lit? Yes No

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

31. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? Yes No

If yes, describe: _____

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 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. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK 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 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____