



# 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: \_\_\_\_\_