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hullandco-texas.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."