



MARKEL SOUTHWEST UNDERWRITERS, INC.

SWIM & RACQUET CLUB SUPPLEMENT

(Include Acord application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Risk is: Swim Club Tennis Club Racquetball Club Number of members: _____

Is there a pool? Yes No Rules posted? Yes No Lifeguards? Yes No

Are lifeguards trained/certified in CPR? Yes No

Any diving boards/platforms? Yes No If yes, height _____

Any slides? Yes No If yes, height _____

Are there depth markers? Yes No

Who is responsible for pool maintenance? _____

Location of emergency shut off valve: _____

Is there a life ring or any other lifesaving equipment at the pool? Yes No

If yes, please describe: _____

Any diving competition or diving teams? Yes No

If yes, please describe: _____

Dive instructors? Yes No

If yes, please describe: _____

Does applicant have Workers Compensation coverage in force? Yes No

Does applicant lease employees? Yes No Total number of employees: _____

How many tanning beds? _____ Goggles provided? Yes No Self timers? Yes No

Are beds U.L. approved? Yes No

Hours of operation: From _____ to _____

If 24 hour service, please advise staffing: _____

Is parking lot well lit? Yes No

Number of tennis courts: _____ Number of racquetball/handball courts: _____

Any public receipts from hourly rental? Yes No If yes, please provide amount: \$ _____

Any show facilities? Yes No Do showers have non-skid floors? Yes No Sauna or steam? Yes No Jacuzzi? Yes No

Describe cleaning schedule: _____

Are gymnastics taught? Yes No Any trampolines? Yes No

Describe procedure in case of accident: _____

Are minors permitted to join club? Yes No Are child care facilities provided? Yes No

Maximum number of children: _____ Maximum age: _____ Activities provided: _____

Is pro shop on premises? Yes No If yes, sales: \$ _____ Is snack bar on premises? Yes No If yes, sales: \$ _____

Any alcohol or glass containers allowed around pool? Yes No

Any outside events sponsored? Yes No Special events on or off premises? Yes No

If yes, please describe: _____

Are non-members allowed on the premises? Yes No Any non-member receipts? Yes No

If yes, please explain: _____

Any professional trainers? Yes No Number _____

Any masseuse? Yes No If yes: Employees Independent contractors

If independent contractors, are certificates of insurance provided? Yes No Number _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature _____ Producer's Signature _____ Date _____