



# 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 \_\_\_\_\_