



QUOTE REQUEST FOR LEARN TO SWIM PROGRAM

RENEWAL DATE: _____

Insured Information

Business Name				DBA			
Mailing Address			City		State		Zip
How many locations do you have? _____		City	State	Zip	Maximum number of private home pools Allowed is 10 per policy		
<u>Address for each location you want Insured</u>					<input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
1.					<input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
2.					<input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
3.					<input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
4.					<input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
If you need to add additional locations please attach a separate sheet							
Contact Name			Email			Website	
Work Phone		Fax		Cell		Home	
Tax ID or Social Security #			Year Business Started		#Years prior ownership/related experience		
Status / Check One: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Other							

Do you perform **POOL MANAGEMENT** for self or others? Yes No If so, please list other pool entity names and locations: (Attach additional pages if necessary) _____

a. What is the Payroll amount for your staff performing these services? _____ (Required)

b. Is there an age minimum for Kid Drop off? Yes No

c. Are you added as Additional Insured with the facilities you provide these services for? Yes No

d. Do you provide lifeguards at the un-owned facilities that you conduct pool management? Yes No

PRIOR COMPANY INFORMATION			
Current Year	2 ND Prior Year	3 RD Prior Year	4 TH Prior Year
Company Name:	Company Name:	Company Name:	Company Name:

	What are your annual receipts for all locations? _____	YES	NO
1	Are waivers and releases obtained from all participants, including adults? (Mandatory)		
2	Do you have a written safety program, including procedures & rules concerning all activities?		
3	Do you inspect equipment daily, keep inspection checklist & record of regularly scheduled maintenance?		
4	Do you obtain national criminal background checks on primary coaches and volunteers?		
5	Is the ratio of students to instructors for your overall activities 5:1 or less?		
6	Has any policy or coverage been declined, cancelled or non-renewed in past 3 years? Except in MO (If yes, explain below)		
7	Do you rent space to anyone for any reason including teaching their own students ? If yes, they must provide you with a Certificate of Insurance listing your business as an Additional Insured and Liability Limits must be equal to or greater than yours.		
8	Do you have an evacuation procedure and appropriate signs posted?		

Explanations for Questions 1-8 above (Attach additional pages if necessary)

Sexual Abuse & Molestation with limits of \$25,000/Occurrence - \$100,000 Aggregate will automatically be included in your coverage. (Higher limits may be available upon request). This is included if you have and enforce written standards for handling Sexual Abuse & Molestation issues. You must train your staff to recognize signs and what to do if a child reports they have been molested. If you do not want to include SAAM or do not have written standards for handling SAAM issues Check here

PLEASE INCLUDE ALL LOCATIONS IN THIS SECTION

CALCULATE AVERAGE number of swimmers per month
 (Count each swimmer **ONE** time regardless of the number of times they attend)

Example: Count # of swimmers for each month and divide by 12)

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
 0 0 0 100 100 200 200 200 100 100 0 0 = 1,000 ÷ 12 = 83 Average

Total Average monthly

Estimate of age breakdown from Total Average Monthly Above:

12 & Under Do not Include Mommy & Me	13-15	16-18	19 & Over Do not include Mommy & Me	Mommy & Me
				#Kids <input style="width: 50px;" type="text"/>
				#Adults <input style="width: 50px;" type="text"/>

TOTAL NUMBER OF INSTRUCTORS

	YES	NO
Do you offer Birthday Parties? If yes, How Many Birthday Parties do you have per Year? <input style="width: 100px;" type="text"/>		
Do you have any Inflatable Devices? If yes, # of Inflatables: <input style="width: 50px;" type="text"/> List type of each Inflatable and estimated dimensions: <input style="width: 400px;" type="text"/>		
Do you have any Day Camps Total number of camp days per year = <input style="width: 50px;" type="text"/> Number of daily campers NOT enrolled as regular Students = <input style="width: 50px;" type="text"/> Per Day		
Overnight Camps and Sleepovers If yes, Total number of nights per year = <input style="width: 50px;" type="text"/> Number of overnight campers NOT enrolled as regular Students = <input style="width: 50px;" type="text"/> per night.		
Do you offer Open Swim or Parents Day Out? If yes how many per year? <input style="width: 50px;" type="text"/> Average # of participants not enrolled above who attend each open swim? <input style="width: 50px;" type="text"/> <i>* Parent must be present if child is under the age of 11 years old*</i>		
Do you have a booster club? For a premium charge of \$230 per year coverage can be added. If you want this coverage enter legal name of Booster Club to be insured <input style="width: 400px;" type="text"/>		
Do you have a retail store on premises? If yes, annual sales \$ <input style="width: 100px;" type="text"/>		
Do you want to include Hired & Non-owned auto for an additional Premium charge? For personal vehicles used for business errands, excludes transporting passengers). Accident policy provides Excess Medical for passengers in transit		
Do you want to add Professional Liability? This will increase your premium and additional 10% (This coverage would include Errors made with respect to Physical Training/Consulting)		
Would you like to include Accident coverage for your coaches for an additional premium charge of \$5.40 per coach per year? Total number of full and part time coaches at your facility = <input style="width: 50px;" type="text"/> (Number of coaches must be answered or coverage cannot be included) *If you have Workers Compensation work related injuries are covered by that policy. Accident coverage is not a replacement for a separate Workers Compensation policy which most states require.		

Additional Insured Information - Certificates

If you need to name an Additional Insured or send proof of Liability Insurance to anyone, they must be listed below. This should include your landlord or building owner if you lease your building from a person whose name is different than your business name shown above	
Name: _____ Address: _____ City/State/Zip _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only	Name: _____ Address: _____ City/State/Zip _____ <input type="checkbox"/> Landlord <input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Additional Insured <input type="checkbox"/> Proof of Insurance Only

LOSS STATEMENT: My Business has had no General Liability or Sexual Abuse and/or Molestation claims or losses in the past 5 years unless stated below. (Please list claims and losses even if nothing was paid on the claim or if you don't know how much was paid)

Date of Claim	Description of Injury or Claim	Amount Paid

You may qualify for an additional discount on your General Liability premium if you comply with the following recommendations. Please answer these questions to see if you qualify:

	Yes	No
Do you have an extensive interview program and check for references on all employees?		
Do you run a criminal and sex offender background check on all employees?		
Do instructors have 40 hours of class room and in water training before they teach classes?		
Does your curriculum include elements of water safety, developmentally appropriate learning and skills development?		
Do your managers require additional training over and above teacher certification of 40-60 hours?		
Do you require a CPR certification?		
Do you require lifeguards at all of your facilities even if they are not required by local codes?		

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT ALL STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE. WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. ALL ACTIVITIES MUST BE DISCLOSED ON THIS APPLICATION IN ORDER FOR COVERAGE TO BE INCLUDED.

Fraud Warning(s)

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Sign Here

_____ Name

_____ Must be authorized owner or officer

_____ Business Name

Date: _____

Please note that your Property, Automobile, Workers Compensation, or other policies are not included in this sports package. If you need coverage for any of these other policies, separate applications must be completed.

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IMPORTANT NOTICE

Snyder Insurance Services, Inc. wants you to be aware of some important changes and assistance for keeping your clients safe. The topics covered on this notice are in reference to AED'S (Automatic External Defibrillators) and Concussion Awareness.

Concussion Awareness - As you know in the sports industry there are risks that your clients take when they participate in any sport. Unfortunately, there have been situations where concussions have occurred and not been recognized. This type of injury can lead to critical medical emergencies. Your business could be subject to a lawsuit that could be avoided: **As of September 1, 2013 it is now required to have a Concussion Awareness Program** as part of your training handbook along with communicating concussion signs to participants.

We suggest you learn more about promoting this safety program which will benefit you and your participants. There is a free online course offered by Centers for Disease Control and Prevention to assist you with proper education on how to handle concussion situations. You can access this course at:

http://www.cdc.gov/concussion/headsup/online_training.html

Automatic External Defibrillators – In some states it is required by law to have an AED on premises if your business is related to the Health & Fitness Industry. So far, the states where these are required are: CA, NJ, MI, OR, RI, LA, NY, AR, IL and MA. (This is not an all inclusive list and more states are requiring this every year). You should check with your state and see if this is mandatory. Even if this is not required in your state these devices can save lives! We recommend that you have at least one of these devices on premises at all times and train your employees to operate them.