

**MAIN SALES INSURANCE SOLUTIONS, INC.  
SWIM AND RACQUET CLUB SUPPLEMENTAL**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_