



**QUOTE REQUEST FOR LEARN TO SWIM PROGRAM**

**REQUESTED EFFECTIVE DATE:** \_\_\_\_\_

**Insured Information**

Business Name				DBA			
Mailing Address			City		State		Zip
How many locations do you have? _____		City	State	Zip	<b>The Maximum number of home pools Allowed is 10 per policy</b> <input type="checkbox"/> Owned <input type="checkbox"/> Sole Leasee <input type="checkbox"/> Community pool <input type="checkbox"/> Private Home		
<u>Address for each location you want Insured</u>							
1.							
2.							
3.							
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		
<b>Status / Check One:</b> <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 <sup>ND</sup> Prior Year	3 <sup>RD</sup> Prior Year	4 <sup>TH</sup> 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 <u>anyone</u> for any reason <b>including teaching their own students</b> ? 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:**

<b>12 &amp; Under</b> Do not Include Mommy & Me	<b>13-15</b>	<b>16-18</b>	<b>19 &amp; Over</b> Do not include Mommy & Me	<b>Mommy &amp; Me</b>
				#Kids _____
				#Adults _____

**TOTAL NUMBER OF INSTRUCTORS** \_\_\_\_\_

	YES	NO
<b>Do you offer Birthday Parties?</b> If yes, How Many Birthday Parties do you have per Year? _____		
<b>Do you have any Inflatable Devices?</b> If yes, # of Inflatables: _____ List type of each Inflatable and estimated dimensions: _____		
<b>Do you have any Day Camps</b> Total number of camp days per year = _____ Number of daily campers <b>NOT</b> enrolled as regular Students = _____ <b>Per Day</b>		
<b>Overnight Camps and Sleepovers</b> If yes, Total number of nights per year = _____ Number of overnight campers <b>NOT</b> enrolled as regular Students = _____ per night.		
<b>Do you offer Open Swim or Parents Day Out?</b> If yes how many per year? _____ Average # of participants not enrolled above who attend each open swim? _____ * Parent must be present if child is under 11 years old*		
<b>Do you have a booster club?</b> 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 _____		
<b>Do you have a retail store on premises?</b> If yes, annual sales \$ _____		
<b>Do you want to include Hired &amp; Non-owned auto for an additional Premium charge?</b> For personal vehicles used for business errands, excludes transporting passengers). Accident policy provides Excess Medical for passengers in transit		
<b>Do you want to add Professional Liability?</b> This will increase your premium and additional 10% (This coverage would include Errors made with respect to Physical Training/Consulting)		
<b>Would you like to include Accident coverage for your coaches</b> for an additional premium charge of \$5.40 per coach per year? Total number of full and part time coaches at your facility = _____ (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.		

## POOL SUPPLEMENT - PLEASE COMPLETE ONE FOR EACH LOCATION

**Name of Business:** \_\_\_\_\_

**Location Address** \_\_\_\_\_

Type of premises: <input type="checkbox"/> Gym <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment <input type="checkbox"/> Swim School <input type="checkbox"/> Home <input type="checkbox"/> Other	Hours of operation:
Type of Pool <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> In Ground <input type="checkbox"/> Above Ground	Condition of Pool: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Pool dimensions: Length _____ Width _____ Depth _____	

**PLEASE NOTE: Private residence / backyard pools will only be covered if the instructor/student ratio is 2:1 or less. Coverage for this type of pool is for instruction only, Parties are excluded!**

**Is pool open:** †Year Round  Seasonal - **If seasonal, what months do you need coverage?** \_\_\_\_\_

**Is pool owned or leased?**  Owned  Sole Leasee  Shared community pool  Private Home Pool

How many days out of the year do you lease pool? \_\_\_\_\_ Is this a residential pool? Yes No

**Are you the only one who uses the pool?**  Yes  No If not, what percentage of the time do you use the pool? \_\_\_\_\_

**Who maintains the pool?**  Self or employees  Pool owner  Outside pool maintenance company

**Total number of coaches/instructors/volunteers at this location?** \_\_\_\_\_

		YES	NO
1.	Does the public have use of the pool? If yes, is there a fee or admission charge?		
2.	Are lifeguards on duty during all hours of operation? Total number of lifeguards _____		
3.	Does Pool have a diving board? If yes, height above pool _____ <b>(Photo required)</b> Does it have handrails? <input type="checkbox"/> Yes <input type="checkbox"/> No Slip resistive surface? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.	Is there a water slide? If yes, describe height and type of slide _____ <b>(Photo required)</b>		
5.	Is your staff trained for water safety?		
6.	Is there a rope and float line separating the shallow from the deep end?		
7.	Is there a minimum 4" width line painted on the bottom separating the shallow from the deep end?		
8.	Do all stairs leading into the pool have at least one handrail and all ladders at least 2 handrails?		
9.	Are depth measurements plainly and conspicuously marked at or above the waterline?		
10.	Are minimum and maximum depths and all points of slope change marked?		
11.	Is safety equipment conspicuously and conveniently on hand at all times?		
12.	Is the perimeter of the pool completely protected by a fence at least 4' in height?		
13.	Are all gates self-closing and have self-latching mechanisms at least 45" above the ground?		
14.	Does the pool have in-pool lighting or light of sufficient strength to illuminate the bottom?		
15.	Do posted rules meet state and local regulations? Describe posted signs _____		
16.	Are all walking surfaces around the pool slip resistant?		
17.	Is an analysis of the pool's temperature and chemical makeup made and recorded daily?		
18.	Do you use "Aqua Balls" or "Aqua Bubbles" – <b>Coverage may be denied by company (requires more information)</b>		
19.	Are "swim at your own risk" signs posted with pool rules?		
20.	Are all pools and spas compliant with Virginia Graeme Baker Pool & Spa Safety Act?		

**Are there any other sporting activities or equipment at this location such as Trampolines, Tumbling Devices, Climbing Walls, Zip Lines, or Day Care? If yes, please explain activity and/or equipment used:**

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### 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
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**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:

Question	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.*

**7450 W 130<sup>th</sup> Street, Suite 230, Overland Park, KS 66213 ~ 1-800-874-6704 ~ Fax 913-498-0212**



## 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](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.



**WORKER'S COMPENSATION QUOTE REQUEST**

Business Name		dba	
Mailing Address		City	State    Zip
Phone	Email	Contact Name	
REQUESTED EFFECTIVE DATE: _____			

Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Other _____			
Years in Business	Federal Tax ID number	# of Locations	

**LOCATIONS-Each location must be listed for coverage to apply**

	Street	City	County		State	Zip Code
1						
2						
3						

**\*\*List partners, officers, relatives working in the business and if they should be Included or Excluded from coverage**

#	Name	Birth Date	Title / Relationship	Duties Performed	Include or Exclude	Payroll Amount	Percent of Ownership
1							
2							
3							

Included Owners/Officers may be required to pay premium for amounts higher than actual salary depending on your state minimum requirements

**Employees – DO NOT include Partners/Officers shown above**

State of Employment	Location Number	Duties Performed (ie: Clerical/Coach/Manager)	Employees		* Estimated Annual Payroll
			#Full Time	#Part Time	

**Do you have Workers Compensation now?**    YES    NO (If yes, complete the following showing the last 5 years)

Effective Date	Company & Policy Number	Annual Premium	# of Claims	Amount Paid

If you have a Workers Compensation policy, please return the following items with your quote request:

- 1) Copy of current policy (1<sup>st</sup> pages), 2) Copy of Loss Runs for last 3 years, 3) Last four quarterly 941 forms

Has there been a change in ownership within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO   If Yes, explain below	Do you have any volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, explain duties performed below
Explanation:	Explanation:

Sign Here

\_\_\_\_\_ Name

\_\_\_\_\_ Date

\*Workers Compensation Policies are rated based on “estimated” payroll. Policies will be audited at the end of the policy term and premium will be adjusted based on “actual” payroll. Be sure to check with your state to see if this coverage is Mandatory!

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## PROPERTY QUOTE REQUEST

<b>Business Name:</b> _____		<b>DBA:</b> _____	
<b>Mailing Address: Street:</b> _____		<b>City:</b> _____	<b>State:</b> _____ <b>Zip:</b> _____
<b>Location:</b> <input type="checkbox"/> Same as Mailing			
<input type="checkbox"/> Different than mailing: <b>Street:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____			
<b>Work #</b> _____	<b>Fax #</b> _____	<b>Email:</b> _____	<b>Cell #</b> _____
Number of Years in Business: _____		Number of Years related experience: _____	
Current Insurance Company: _____		ANNUAL GROSS RECEIPTS: _____	
<b>Requested Effective Date:</b> _____		<b>Property located in</b> _____ <b>County</b> _____	
		<b>Name of Fire Department/District:</b> _____	

**Section 1 – BUILDING COVERAGE** (If you own your building or need to insure it (ie: Triple Net Lease). If you do not need building coverage, skip Section 1 and Go to Section 2)

**Who Occupies your Building?**  Self  Leased to Tenant: **Tenant Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Coverage amount requested for Building:** \$ \_\_\_\_\_ **Loss of Rents \$** \_\_\_\_\_ **Liability \$** \_\_\_\_\_

**Any Other coverage requested? If yes, describe and list amount** (To include Business Equipment, see Section 2)

**Type:** \_\_\_\_\_ **Amount requested \$** \_\_\_\_\_ **Sewer Backup**  YES  NO

**FLOOD AND EARTHQUAKE COVERAGE EXCLUDED**

**Section 2 – BUSINESS EQUIPMENT** (If you Lease your Space and are not required or need to insure the Building)

Personal Property	Business Interruption	Improvements
<b>Total value of ALL contents You own within your rented Space:</b> \$ _____ Sewer Backup <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If you desire Coverage to help pay monthly expenses in the event of a claim, enter your estimated monthly expenses:</b> \$ _____ <b>Company Use: BI Amount \$</b> _____	<b>Coverage Requested for improvements you have made to your rented space (such as special flooring/lighting/pool or other changes) \$</b> _____

**Complete this section if a landlord, leasing company for equipment or mortgage company will need proof of coverage**

**\*\*Name:** \_\_\_\_\_  Landlord  Loss Payee  Mortgage Company

**Street Address:** \_\_\_\_\_  Additional Insured  Evidence of Insurance Only

**City/State/Zip:** \_\_\_\_\_ (If more than 1, attach additional pages if necessary)

Square footage of Entire Building \_\_\_\_\_ Square Footage Occupied \_\_\_\_\_ Year Built \_\_\_\_\_

Type of Construction:  Metal/Steel  Brick/Masonry  Wood Frame  Other \_\_\_\_\_ Inside City Limits:  Yes  No

Type of other business occupancies that are in your building \_\_\_\_\_

In a strip Mall:  Yes  No In an Industrial Park  Yes  No Deadbolts  Yes  No

Burglar Alarm:  None  Central  Local Manufacturer \_\_\_\_\_

Fire Alarm:  None  Central  Local Manufacturer \_\_\_\_\_

What percentage of building has a working Fire/Sprinkler System? \_\_\_\_\_% What is Roof material? \_\_\_\_\_

If building is over 25 years old check the following items that have been updated and when work completed:

Wiring/year \_\_\_\_\_  Roof/year \_\_\_\_\_  Heating/year \_\_\_\_\_  Plumbing/year \_\_\_\_\_

Distance to Fire Department \_\_\_\_\_ miles Distance to hydrant \_\_\_\_\_ Ft # of stories in building  1  1½  2  Other \_\_\_\_\_

**\*Number of Enclosed Pools** \_\_\_\_\_  N/A  Indoor  Outdoor **# of Diving boards** \_\_\_\_\_ **Fenced:**  Yes  No

Sign Coverage requested?  Yes  No If yes, type of sign and value: \_\_\_\_\_

Following is a complete list of Property claims we have incurred in the last **five (5) years:**  None  Details below

**Date:** \_\_\_\_\_ **Type of Claim:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Type of Claim:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_



Sign Here \_\_\_\_\_ Date: \_\_\_\_\_

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