



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Swim and Racquet Club Program Application

Applicant's Name _____
 Mailing Address _____

 Location _____

 Web site Address _____

Agency Name _____
 Agent _____
 Address _____

 E-mail _____
 Phone _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify): _____

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

| LIMITS OF LIABILITY REQUESTED | | PREMIUMS |
|---|----|-------------------------------|
| General Aggregate | \$ | Premises/Operations |
| Products & Completed Operations Aggregate | \$ | |
| Personal & Advertising Injury | \$ | Products/Completed Operations |
| Each Occurrence | \$ | |
| Fire Damage (any one fire) | \$ | Other |
| Medical Expense (any one person) | \$ | |
| Other Coverages, Restrictions and/or Endorsements | \$ | Total |
| Deductible | \$ | \$ |

1. **Type of business:** _____

2. **Location:** _____

3. **Risk is:** Swim club Tennis club Racquetball club Ocean beach club Lake beach club

Number of members: _____ Number of families: _____

Was club formerly a quarry?..... Yes No

4. **Any pools?** Yes No
 Rules posted?..... Yes No Depths marked?..... Yes No
 Lifeguards? Yes No Fenced with a self-latching gate? Yes No
 Any diving boards/platforms? Yes No If yes, height: _____
 Slides? Yes No If yes, height: _____
5. **Are staff members trained in CPR?** Yes No
 Are lifeguards Red Cross certified?..... Yes No
 Is a CPR trained staff member on duty at all times? Yes No
6. **Is there a life ring or any other lifesaving equipment at the pool?** Yes No
 If yes, please describe: _____

7. **Any diving competition or diving teams?** Yes No
 If yes, please describe: _____

 Diving instructors? Yes No
 If yes, please describe: _____

8. **Does applicant have Workers' Compensation coverage in force?** Yes No
9. **Total number of employees:** _____
10. **How many tanning beds?** _____
 Goggles provided? Yes No
 Self-timers?..... Yes No
 Are beds U.L. approved? Yes No
11. **Hours of operation:** _____
 If 24-hour service, please advise staffing: _____

12. **Is parking lot well lit?** Yes No
13. **Number of tennis courts:** _____ Number of racquetball/handball courts: _____
 Any public receipts from hourly rental? Yes No
 If yes, provide amount: \$ _____
14. **Any shower facilities?**..... Yes No
 Sauna or steam? Yes No
 Jacuzzi?..... Yes No
 Do showers have non-skid floors? Yes No
 Describe cleaning schedule: _____

15. **Any portion of the premises rented out for weddings, parties, meetings, etc?** Yes No
 If yes, please describe: _____

16. **Is gymnastics taught?**..... Yes No
 Any trampolines?..... Yes No
 Describe procedure in case of an accident: _____

17. Any exercise equipment provided? Yes No

18. Any exercise classes taught? Yes No
If yes, please describe: _____

19. Are minors permitted to join the club? Yes No
Are child care facilities provided? Yes No
Maximum number of children: _____ Maximum age: _____
Activities provided: _____

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

21. Any outside events sponsored? Yes No
If yes, please describe: _____
Special events on or off premises? Yes No

22. Are non-members allowed on the premises? Yes No
If yes, please explain: _____
Any non-member receipts? Yes No

23. Any professional trainers? Yes No
Number: _____

24. Any masseuse? Yes No
If yes: Employees Independent contractors
If independent contractors, are certificates provided? Yes No
Number: _____

25. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

26. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable to Missouri applicants) Yes No
If yes, please explain: _____

Previous Insurer and loss history: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See loss run attached

| Year | Company | Policy Number | Premium | Paid Losses | Reserved Losses | Loss Description |
|------|---------|---------------|---------|-------------|-----------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS AND ATTESTATION:

FRAUD WARNING:

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

FRAUD WARNING NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: 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 insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.