



UNION GENERAL Insurance Services, Inc.

We are the Market™ *Personal & Commercial Lines* AAMGA   CIWA

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Swim, Water Polo Teams and Swimming Schools Questionnaire

Submission Requirements:

1. Copy of Waiver of Liability Used
2. ACORD Commercial Applicant Information
3. Loss Information
 - For accounts where premium is under \$5,000, please provide: Signed No Loss Letter
 - For accounts where premium exceeds \$5,000, please provide: Currently-valued, carrier-generated loss runs for current year and last three years

APPLICANT INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Web Site: _____ www. E-mail Address: _____

Contact Person: _____ Phone Number: _____

Effective Dates Requested: _____

Annual Gross Revenues: \$ _____

Months of Operation: _____

Last Year Expiring Premium: \$ _____

Swim Club Water Polo Swim Teams Other _____

For Profit: Individual Partnership Corporation

Non Profit: Association Other: _____

Years this entity in business: _____ Years experience of this owner: _____

General Liability Limits - Please check one:

_____ \$300,000 Each Occurrence \$600,000 Aggregate

_____ \$500,000 Each Occurrence \$1,000,000 Aggregate

_____ \$1,000,000 Each Occurrence \$2,000,000 Aggregate

GENERAL INFORMATION

- | | | |
|---|-----|----|
| 1. Have any of your policies or coverages been declined, canceled, or nonrenewed during the past 3 years? | Yes | No |
| 2. Have you or any director, officer or employee been convicted of any crime within the past 10 years? If yes, explain. _____ | Yes | No |
| 3. Has the applicant had any claims filed against it in the last four years? | Yes | No |
| 4. Does the applicant currently have Liability Insurance?
Underwriting Information: _____ | Yes | No |
| 5. Is there an overnight exposure associated with the league, camp, or clinic? Yes No | | |
| 6. Are you or your staff trained / certified in CPR or First Aid? | Yes | No |
| 7. Do you require a completed waiver from all Participants? | Yes | No |
| 8. Is parent's signature required for minors? | Yes | No |
| 9. Do you have a written incident report procedure in place? Yes | | |
| 10. Do you keep a log of all incidents? | Yes | No |
| 11. Are coaches, managers, trainers, officials, referees, statisticians or scorekeepers independent contractors that are paid a fee for their services? | Yes | No |
| 12. If so, do you wish to add them as additional insureds on your policy? | Yes | No |

FOOD AND BEVERAGE

- | | | |
|---|-----|----|
| 1. Does applicant operate a concession stand/snack bar? | Yes | No |
| 2. List types of food / beverages sold: _____ | | |
| 3. Gross Sales from concession stand/snack bar: _____ | | |

CLOTHING, EQUIPMENT, GEAR, ETC. SOLD ON PREMISES

- | | | |
|---|-----|----|
| 1. Does applicant operate a store on the premises that sells clothing, equipment, gear, etc.? | Yes | No |
| 2. List types of clothing, equipment, gear, etc. sold: _____ | | |
| 3. Gross Sales from on premises store: _____ | | |

ABUSE & MOLESTATION

- | | | |
|---|-----|----|
| 1. Does your staff (paid & volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child-abuse related offenses? | Yes | No |
| 2. Do you routinely request and receive such background on all new employees and volunteers? | Yes | No |
| 3. Do you verify employment-related references? | Yes | No |
| 4. Do you have written procedures for dealing with sexual abuse? | Yes | No |

If yes, please attach a copy.

5. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes, please describe. _____
 Was a claim made against the organization? Yes No
 Was the case settled? Yes No
 Was the case taken to trial? Yes No
 How much money was paid as damages to victim? \$ _____

EXPOSURE INFORMATION

1. Please provide the Estimated Annual Number of Participants by Activity:

Sport	12 and Under	13 to 19	Over 19
Swimming Teams			
Swim Schools			
Water Polo Teams			
Other			

2. How many families belong to the swim club? _____
 3. How many total swimmers/players/students on your team or in your program? _____

SWIMMING POOLS

1. Total number of Pools: _____ Total number of hot tubs/spas: _____
 2. Hours of operation: _____
 3. Are depth markings clearly indicated on the edges of the pool? Yes No
 4. Are "No Diving" markings clearly indicated? Yes No
 5. Are "No running" signs posted? Yes No
 6. Are surfaces surrounding the pool areas made of a non-slip resistant material? Yes No
 If yes, please describe type of surface present or non-slip product used: _____
 7. Are there diving boards? Yes No
 If yes, are they over 1 meter? (If yes, not eligible) Yes No
 8. Are there water slides? Yes No
 9. Is there fencing surrounding the pool area? Yes No
 If yes, what height is the fence: _____ feet _____ inches
 Does the fence have either a self-locking gate or no gate? Yes No
 Describe type of fencing: _____
 10. Are lifeguards employed? Yes No
 If yes, are they Red Cross certified? Yes No
 11. Describe any other certifications: _____
 12. Are pool chemicals locked in a secure area: Yes No

ADDITIONAL INSURED (S)

Please note: A Complete name and address must be provided. Individuals can not be listed as additional insureds.

Certificate Holder:

Address

City State Zip

Certificate Holder:

Address

City State Zip

Certificate Holder:

Address

City State Zip

Certificate Holder:

Address

City State Zip

Certificate Holder:

Address

City State Zip

Certificate Holder:

Address

City State Zip

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any who knowingly and with intent to defraud any insurance company or any other person submits an application for insurance or state of claim containing any materially false information, or conceals for the purpose of misleading information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

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

Applicant Signature

Title

Date

Producer Signature

Producer Name and Address