

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
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 Scottsdale, Arizona 85258

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 www.scottsdaleins.com

SWIM AND RACQUET CLUB PROGRAM APPLICATION

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

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

Website Address: _____

E-mail Address: _____ **Phone No.:** _____

Limits Of Liability & Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury (any one person or organization)	\$
Each Occurrence	\$
Damage To Premises Rented To You (any one premise)	\$
Medical Expense (any one person)	\$
Sexual and/or Physical Abuse Coverage	\$25,000/\$50,000 (included)
Limited Participant Coverage	\$25,000/\$50,000 (included)
Other Coverages, Restrictions, and/or Endorsements:	\$
Deductible	\$

1. **Type of business:** Swim club Tennis club Racquetball club Ocean beach club Lake beach club
 Other: _____

2. **Is club located at an active or former rock quarry?** Yes No

3. **Hours of operation:** _____
If twenty-four (24) hour service, advise staffing: _____

4. **Total number of employees:**

5. **Number of members:**
Number of families:

6. **Are minors permitted to join the club?** Yes No

7. **Are non-members allowed on the premises?** Yes No
If yes, explain: _____

Advise non-member receipts: _____

8. **Are child care facilities provided?** Yes No
If yes, maximum number of children:
Maximum age:
Activities provided: _____

9. **Any pools or other bodies of water where swimming is permitted?** Yes No
If yes:

a. Number of pools:

b. Pool area fenced with self-latching gate? Yes No

c. Depths marked? Yes No

d. Rules posted? Yes No

e. Life safety equipment at poolside? Yes No

f. Diving boards/platforms/rafts? Yes No Height: _____

g. Slides? Yes No Height: _____

h. Lifeguards? Yes No

(1) If yes: By applicant or outside contractor? _____

If outside contractor, are certificates of insurance on file? Yes No

(2) Are lifeguards Red Cross certified? Yes No

i. Are swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

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

11. **Are staff members trained in CPR?** Yes No
Is a CPR trained staff member on duty at all times? Yes No

12. **Has applicant had any previous or pending allegations of sexual and/or physical abuse?** Yes No
 If yes, explain: _____

13. **Is there a sauna or steam room?** Yes No
14. **Is there a jacuzzi, hot tub or spa?** Yes No
15. **Any shower facilities?** Yes No
 If yes, do showers have non-skid floors? Yes No
 Describe cleaning schedule: _____

16. **How many tanning beds?** _____
 Goggles provided? Yes No
 Self-timers? Yes No
 Are beds U.L. approved? Yes No
17. **Any masseuses?** Yes No
 If yes: Number of employees: _____
 Number of independent contractors: _____
 Are certificates provided? Yes No
18. **Number of tennis courts:** _____
 Number of racquetball/handball courts: _____
 Any public receipts from hourly rental? Yes No
 If yes, amount: \$ _____
19. **Are gymnastics taught?** Yes No
 Describe procedure in case of an accident: _____

20. **Any trampolines on premises?** Yes No
 If yes, describe and advise usage: _____

21. **Any exercise equipment provided?** Yes No
22. **Any exercise classes taught?** Yes No
 If yes, describe: _____

23. **Any professional trainers?** Yes No
 If yes, number: _____
24. **Any portion of the premises rented out for weddings, parties, meetings, etc.?** Yes No
 If yes, advise details and square footage: _____

25. **Is pro shop on premises?** Yes No
 If yes, sales: \$ _____

26. **Is snack bar or restaurant on premises?**..... Yes No
 If yes, sales: \$ _____
27. **Any special events sponsored?** Yes No
 If yes, describe and advise if on or off premises: _____

28. **Does applicant subcontract any operations?** Yes No
 If yes:
 a. Description of operations subcontracted: _____
 b. Annual cost of subcontracted work: \$ _____
 c. Are all subcontractors required to carry General Liability Insurance?..... Yes No
 If yes, minimum limits required:..... _____
 If no, what percentage of total subcontracted cost is uninsured? _____
 d. Are all subcontractors required to carry Workers Compensation Insurance? Yes No
 e. Are certificates of insurance required from all subcontractors? Yes No
 f. Is applicant included as an additional insured on all subcontractors' policies? Yes No
29. **Is parking lot well lit?** Yes No
30. **Does applicant have Workers' Compensation coverage in force?**..... Yes No
31. **Does applicant have other business ventures for which coverage is not requested?**..... Yes No
 If yes, explain and advise where insured: _____

32. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____

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

34. **Additional Insured Information:**

Name	Address	Interest

35. **Prior Carrier Information:**

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy Number					
Coverage					
Total Premium	\$	\$	\$	\$	\$

36. Loss History—Five Year Period:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior five years. <input type="checkbox"/> Check if no losses last five years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

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

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.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly 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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCER'S ADDRESS: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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.