

**JARCYN AMATEUR SWIM ASSOCIATION**  
**LEARN TO SWIM**  
**General Liability/Secondary Accident Application Part 1**

Please answer all questions – call us at 800-777-4930 if you have any questions.

Is your Team currently registered with USA Swimming:  Yes  No  
*If "No" you are not eligible for this coverage.*

Named Insured (Swim Club Name): \_\_\_\_\_  
Website address: \_\_\_\_\_

Entity Type:  Individual  Partnership  Corporation  Non Profit Org.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Phone – Office: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone – Home: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-Mail: \_\_\_\_\_

Experience of Applicant: \_\_\_\_\_

Previous Loss History (any claims?): \_\_\_\_\_

Previous Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Involved in any pool management?  Yes  No - *Pool Management is not included in this coverage!*

How many Coaches/Instructors does your team have \_\_\_\_\_ Employees \_\_\_\_\_?

How many are authorized to use their own vehicle for business purposes? \_\_\_\_\_

How many are authorized to rent vehicles? \_\_\_\_\_

**Facility Name/Address of all facilities used.**  
*Please check box if you need a separate Certificate for the location.*  
*Be advised that incomplete or unreadable requests can not be processed.*

**Location/Facility 1:**  **Location/Facility 2:**

|                        |                        |
|------------------------|------------------------|
| Name: _____            | Name: _____            |
| Attn: _____            | Attn: _____            |
| Street: _____          | Street: _____          |
| City, State ZIP: _____ | City, State ZIP: _____ |

**Location/Facility 3:**  **Location/Facility 4:**

|                        |                        |
|------------------------|------------------------|
| Name: _____            | Name: _____            |
| Attn: _____            | Attn: _____            |
| Street: _____          | Street: _____          |
| City, State ZIP: _____ | City, State ZIP: _____ |

*(If more than four facilities used, please attach list)*

