

**JARCYN AMATEUR SWIM ASSOCIATION
POOL MANAGEMENT
General Liability Application Part 1**

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

Named Insured (Swim Club Name): _____

Website Address: _____

Entity Type: Individual Partnership Corporation Other _____

Contact Person: _____ **Cell Phone:** _____

Mailing Address: _____ **Office Phone:** _____

_____ **Home Phone:** _____

_____ **E-Mail:** _____

Name of Pool Facility to be managed: _____

Address of Pool Facility _____

Previous Carrier: _____ **Policy #:** _____

Previous Loss History (any claims?): _____

How many Lifeguards do you employ? _____ **How many Employees?** _____

Please describe the minimum training and experience required of your lifeguards:

How many Employees are authorized to use their own vehicle for business purposes? _____

How many Employees are authorized to rent vehicles? _____

Is there any other income producing operations you control at this facility? (i.e. concessions, etc.)

Is pool indoors or outdoors? Yes No **Is the Premises Fenced?** Yes No

Does the pool have: **Diving Boards or Diving Platforms?** Yes No.

Water Slide? Yes No.

Kiddy Pool? Yes No.

Please describe controls for use of the above:

Please describe your experience in pool management in your narrative

Are you responsible for equipment maintenance and/or chemicals? Please explain in narrative

**JARCYN AMATEUR SWIM ASSOCIATION
POOL MANAGEMENT
General Liability 2007/2008 Part 2**

12 MONTH PREMIUM COMPUTATION

Does the pool owner have insurance on the facility? Yes No

If yes, are you added as an Additional Insured for THEIR negligence? Yes No

Name/Address of all facilities managed that will require Certificates of Insurance:

Location/Facility 1:

Location/Facility 2:

Name: _____

Name: _____

Attn: _____

Attn: _____

Street: _____

Street: _____

Projected Annual Pool Management Revenue \$ _____

Is pool admission charged? Yes No

Premium Computations:

+ \$ _____ \$6.00 per \$100.00 of Estimated Revenue if Revenue is greater than \$55,000

or + \$ _____ \$ 3,300.00* Minimum Premium

or + _____ \$2,800.00* Minimum Premium if **Learn To Swim, Swim America or USSSA is also Insured**

Member/Broker Fee + **\$ 125.00*** Annual Fee

Small Slide Liability + \$ _____ **\$315.00* For slides up to 12 feet high.**

Diving Board Liability + \$ _____ **\$385.00* For each Diving Board**

Excess Liability Coverage Limit \$3,000,000 (only limit available)

+ \$ _____ **\$3,715.00* Annual Premium**

= \$ _____ **TOTAL AMOUNT DUE**

* Includes Surplus Lines fees of 3.20%

Signature

Date

Return Completed Application and Check To:

Risk Management Services, Inc.
PO Box 32712
Phoenix, AZ 85064-2712