

JARCYN AMATEUR SWIM ASSOCIATION

SWIMAMERICA

General Liability/Secondary Accident Application Part 1

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

Are you currently a licensee of Swim America:

Yes No

If "No" you are not eligible for this coverage.

Named Insured (Swim Club Name):

Swim Club Website:

Entity Type: Individual Partnership Corporation Non Profit Org. Other _____

Contact Person: _____

Cell Phone: _____

Title/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)

**JARCYN AMATEUR SWIM ASSOCIATION
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General Liability/Secondary Accident Application Part 2**

12 MONTH PREMIUM COMPUTATION

Estimated # of Participants for Water Aerobics through 5/15/2009 _____

Estimated # of Participants for Swim Lessons through 5/15/2009 _____

Premium

General Liability/Secondary Accident \$ _____ \$4.25* per Participant (Minimum Premium \$531.25*
or 125 Participants)

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

Optional Coverages

Pool Premises Liability If you **own** a pool **or** are responsible for insuring a pool
or have lesson at your residence.

\$630.00* for the first pool,

\$472.00* for each additional pool

+ \$ _____ Fenced Board Slide

Small Slide Liability For slides up to 12 feet high.

+ \$ _____ \$315.00* for each slide

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

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

= \$ _____ **TOTAL AMOUNT DUE (Minimum Total is \$656.25*)**

* 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
Phone: 800-777-4930 or 602-840-3234
Fax: 602-274-9138

PLEASE INCLUDE A CURRENT COPY OF YOUR WAIVER/RELEASE FORM WITH YOUR APPLICATION.