

**JARCYN AMATEUR SWIM ASSOCIATION
TOTAL IMMERSION INC. TEACHING PROFESSIONAL
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 Total Immersion Inc. Teaching Professional? Yes No

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

Named Insured (Swim Clinic Name): _____

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

Contact Person: _____ Cell Phone: _____

Mailing Address: _____ Phone – Office: _____

_____ Phone – Home: _____

_____ Fax: _____

Web Address: _____ 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 instructors does your clinic have? _____ How many 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)

