

**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  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752  
 www.scottsdaleins.com

**Swim and Racquet Club Program Application**

Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Web site Address \_\_\_\_\_

Agency Name \_\_\_\_\_  
 Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

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

**Applicant is:**  Individual  Corporation  Partnership  Joint Venture  
 Limited Liability Company  Other (Specify): \_\_\_\_\_

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

**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	<input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> \$
Limited Participant Coverage	<input type="checkbox"/> \$25,000/\$50,000 <input type="checkbox"/> \$
Other Coverage, Restrictions, and/or Endorsements:	\$
Deductible	\$

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

2. **Location:** \_\_\_\_\_
3. **Is club located at an active or former rock quarry?** .....  Yes  No
4. **Hours of operation:** \_\_\_\_\_  
 If 24-hour service, please advise staffing: \_\_\_\_\_
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, please explain: \_\_\_\_\_
- Any non-member receipts?.....  Yes  No
8. **Are child care facilities provided?** .....  Yes  No  
 If yes, maximum number of children: \_\_\_\_\_ Maximum age: \_\_\_\_\_  
 Activities provided: \_\_\_\_\_
9. **Any pools?** .....  Yes  No  
 Any diving boards/platforms/rafts? .....  Yes  No  
 If yes, height: \_\_\_\_\_  
 Any slides? .....  Yes  No  
 If yes, height: \_\_\_\_\_  
 Depths marked? .....  Yes  No  
 Fenced with a self-latching gate? .....  Yes  No  
 Lifeguards? .....  Yes  No  
 If yes, by Applicant or outside contractor? \_\_\_\_\_  
 If outside contractor, are certificates of insurance on file? .....  Yes  No  
 Rules posted? .....  Yes  No
10. **Life-safety equipment available at poolside?** .....  Yes  No
11. **Is there a sauna or steam room?** .....  Yes  No
12. **Is there a jacuzzi, hot tub or spa?** .....  Yes  No
13. **Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?** .....  Yes  No
14. **Are staff members trained in CPR?** .....  Yes  No  
 Are lifeguards Red Cross certified? .....  Yes  No  
 Is a CPR trained staff member on duty at all times? .....  Yes  No
15. **Any diving instruction, diving competition or diving teams?**.....  Yes  No  
 If yes, please describe: \_\_\_\_\_
16. **How many tanning beds?** \_\_\_\_\_  
 Goggles provided?.....  Yes  No  
 Self-timers?.....  Yes  No  
 Are beds U.L. approved? .....  Yes  No
17. **Number of tennis courts:** \_\_\_\_\_ **Number of racquetball/handball courts:** \_\_\_\_\_  
 Any public receipts from hourly rental? .....  Yes  No

If yes, provide amount: \$ \_\_\_\_\_

**18. Any shower facilities?**  Yes  No

Do showers have non-skid floors?.....  Yes  No

Describe cleaning schedule: \_\_\_\_\_

**19. Any portion of the premises rented out for weddings, parties, meetings, etc.?**.....  Yes  No

If yes, please advise details and square footage: \_\_\_\_\_

**20. Is gymnastics taught?**.....  Yes  No

Any trampolines? .....  Yes  No

Describe procedure in case of an accident: \_\_\_\_\_

**21. Any exercise equipment provided?** .....  Yes  No

**22. Any exercise classes taught?**.....  Yes  No

If yes, please describe: \_\_\_\_\_

**23. Is pro shop on premises?** .....  Yes  No

If yes, sales: \$ \_\_\_\_\_

**24. Is snack bar or restaurant on premises?** .....  Yes  No

If yes, sales: \$ \_\_\_\_\_

**25. Any outside events sponsored?** .....  Yes  No

If yes, please describe: \_\_\_\_\_

Special events on or off premises?.....  Yes  No

**26. Any professional trainers?** .....  Yes  No

Number: \_\_\_\_\_

**27. Any masseuse?**.....  Yes  No

If yes: Number of employees: \_\_\_\_\_

Number of independent contractors: \_\_\_\_\_

If independent contractors, are certificates provided?.....  Yes  No

**28. Is parking lot well lit?** .....  Yes  No

**29. Total number of employees:** \_\_\_\_\_

**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. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable to Missouri applicants)?**.....  Yes  No

If yes, please explain: \_\_\_\_\_

**33. Prior Carrier Information:**

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

**34. 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"/> <b>Check if no losses last five years.</b>				
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 Nebraska, Oregon and Vermont.**

**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 in the third degree.

**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 OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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.

**NOTICE TO NEW YORK APPLICANTS (Other than automobile):** 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.

I/We agree to submit records for audit by the Company upon termination or expiration of this policy for the determination of actual gross receipts during the coverage period.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

**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.