



Phone: 1-800-441-3994
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 www.kandkinsurance.com
 CA# 0334819

JARCYN AMATEUR SWIMMING ASSOCIATION CORPORATION SWIM SCHOOLS

REQUEST FOR COVERAGE

Please indicate if you are currently a member of one of the following groups?

- US Swim School Association SwimAmerica Learn To Swim (USA Swimming Clubs)
 Total Immersion Unaffiliated

GENERAL INFORMATION: Applying for: New coverage Effective: _____

Named Insured (Legal Business Name): _____

Doing Business As: _____

Website Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ email: _____

Cell Phone: (____) _____ Office Phone: (____) _____ Home Phone: (____) _____

Entity Type: Individual Partnership Corporation LLC Other: _____

Year this business started? _____ Federal Employee ID # _____

SWIM SCHOOL EXPOSURE: NOTICE - If you cannot answer "Yes" to questions 1 - 6 you are not eligible for this coverage.

1. Are all participants (adults) and/or their guardians signing an approved waiver/release form? Yes No
2. Is there a student to instructor ratio of no more than 8 students to 1 instructor? Yes No
3. Is there a lifeguard or lifeguard certified instructor on duty whenever someone is permitted in the pool? Yes No
4. Are there lifesaving devices available at all facilities used? Yes No
5. Are background checks required on all staff members 18 years and older? Yes No
6. Do you have a written abuse/molestation prevention and response plan in place? Yes No
7. Total number of employees: _____
7. Are employees authorized to use their vehicles for your business? Yes No
8. Will you be offering residential lessons? Yes* No
 * If Yes, how many instructors _____
9. Do you teach any Certification Classes such as CPR or Lifeguard? Yes* No
 * If Yes, number of participants _____
10. Does your school have the responsibility of owning or operating a facility? Yes (please complete the Swim Facility Operation Exposure section)
 No (you may skip the Swim Facility Operation Exposure section)

SWIM FACILITY OPERATIONS EXPOSURE:

Whether you are responsible for the maintenance of your facility or maintenance is hired out, your facility must meet the following:

1. Do you have a National Swimming Pool Foundation Certified Pool Operator on staff? Yes No
2. Do you have documented pool chemistry checks as required by the local health department code? Yes No
3. Are procedures in place for closing and returning a pool to use following a fecal/contaminating incident? Yes No
4. Do you have a written emergency response plan in place to cover all foreseeable incidents, near drowning, release or spill of chemicals, medical emergency, fire, severe weather, etc? Yes No
5. Do you have minimum staffing levels for the facility in place prior to opening (ie - facility manager/asst. manager/operations/maintenance manager, head lifeguard/lifeguards, instructors)? Yes No
6. Do all pool equipment and mechanical components meet NSF and ANSI standards? Yes No
7. Does the facility have and maintain a current operating permit from the local AHJ? Yes No
8. Is there signage of pool rules posted? Yes No
9. Is there a rule prohibiting liquor at the facility? Yes No
10. Is the pool/premises enclosed and locked to prevent unauthorized entry? Yes No
11. Is there an AED and supplemental oxygen (such as CPR masks) available? Yes No
12. If operating or managing a facility you do not own, is there a written contract in place clearly stating the responsibilities of the swim school and the owner of the premises? Yes (please attach copy of contract) No
 Yes (if yes, please answer the following) No
13. Do you allow other entities besides your school to use the premises?
 Does the entity provide you with evidence of at least \$1,000,000 in liability coverage including claims from athletic participants? Yes No
 Is your school named as an additional insured? Yes No

STANDARD EXPOSURES COVERED:

- Swim lessons for infants to adults. Classes will include the parents with the infants.
- Swim school competition and/or recreation teams
- Water aerobics
- Adult Yoga or Core Training not including weights
- Day camps/clinics involving swimming and other non-athletic activities such as crafts, etc.
- IF POOL PREMISES COVERAGE IS PURCHASED-General facility maintenance, maintenance of proper poolwater chemistry, and pool chemicals for facilities insured owns or has a lease requirement
- IF POOL PREMISES COVERAGE IS PURCHASED-Scheduling of pool time for other organizations, lap swimming or open swims at leased facilities where they are required by contract
- Instructor/Lifeguard/CPR certifications that follow Red Cross training
- Birthday parties
- Social activities such as awards banquets, family swim days, pot lucks, etc.
- Fund raising activities such as lap swims
- 24/7 Premise Exposure when facility is owned or leased and required by contract – location must be reported and additional charge applies

Please list any activities your school may have that are not listed above as covered and may need additional insurance coverage:

IF NO OTHER ACTIVITIES LIST "NONE"

**IF A CERTIFICATE IS NEEDED FOR OWNERS OF PREMISES YOU UTILIZE,
PLEASE COMPLETE THE NAME AND ADDRESS OF THE LANDLORD/OWNER:**

Location 1:

Landlord/Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Facility Address: _____
Facility City: _____ State: _____ Zip: _____

Location 2:

Landlord/Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Facility Address: _____
Facility City: _____ State: _____ Zip: _____

Location 3:

Landlord/Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Facility Address: _____
Facility City: _____ State: _____ Zip: _____

Location 4:

Landlord/Owner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Facility Address: _____
Facility City: _____ State: _____ Zip: _____

PREMIUM COMPUTATION

■ SWIM SCHOOL EXPOSURE

Estimated number of Participants for Swim Lessons and Water Aerobics through 5/30/23:

X \$7.00 per participant = \$ (A)

Enter the calculated premium or the applicable minimum premium, whichever is greater.

MINIMUM PREMIUM (use if greater than the calculated premium)

\$875.00 (125 Participants)

\$542.50 if applying for coverage **AFTER 12/01/2022** (75 Participants)

\$376.25 if applying for coverage **AFTER 03/01/2023** (50 Participants)

■ POOL PREMISES/POOL MANAGEMENT - LIFEGUARD EXPOSURE

Do you only lease pool time with no additional responsibilities? If YES, you do NOT need this coverage.

Do you own your facility or are the sole occupant of a unit you have renovated? If YES, you DO need this coverage.

Are you responsible for providing lifeguards for open swims, cleaning the facility, managing use of the pool? If YES, you DO need this coverage.

Number of Pools:

X \$795.00 = \$ (B)

REQUIRED: Please provide the location addresses below (NOTE: NO PERSONAL RESIDENCES ALLOWED)

Location #1 _____

Location #2 _____

Location #3 _____

Location #4 _____

Location #5 _____

If more locations, please provide on separate sheet of paper

■ RESIDENTIAL LESSONS (must be Lifeguard Certified)

Do you offer lessons for individuals at private residences or offer one on one lessons at your home pool? If NO, you DO NOT need this coverage.

Number of Instructors:

X \$300.00 per instructor = \$ (C)

■ EXCESS MEDICAL COVERAGE FOR LIFEGUARD/CPR PARTICIPANTS ONLY (optional)

Number of Participants:

X \$.45 per participant = \$ (D)

NOT FOR EMPLOYEES

■ EXCESS LIABILITY COVERAGE

Limit \$3,000,000 per occurrence. Increases the per occurrence Liability limit to \$5,000,000.

YES, add coverage NO, I do not want this coverage

Minimum Annual Premium = \$ (E)

Calculate total premium due

Add totals from above

(A) + (B) + (C) + (D) + (E) = \$ + \$50.00 Annual Broker Fee + \$15.00 Association Fee = \$

Premium is 100% Fully Earned at inception and Non-Refundable.

A 3% FEE WILL BE CHARGED ON ALL CREDIT CARD TRANSACTIONS

TOTAL AMOUNT DUE

Signature

Date

Return Completed

Application and Check To:

Risk Management Services, Inc.
PO Box 50310
Phoenix, AZ 85076

Physical

Address:

2221 W Baseline Rd, Ste 104
Tempe, AZ 85283

Phone: 800-777-4930 or 602-840-3234

Fax: 602-274-9138

PLEASE INCLUDE A COPY OF YOUR WAIVER/RELEASE FORM

Coverage for additional exposures as noted on next page will need to be individually underwritten and quoted to be endorsed to the policy:

- 1) Other sports activities such as toddler gymnastics, yoga, camps w/sports activities besides swimming
- 2) Overnight Camps and other Overnight Activities/Exposures