

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY  
PELEUS INSURANCE COMPANY**

**CONTRACT DIVISION - SWIM CLUBS and RACQUET CLUBS - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

<b>General Agent:</b>	<b>Date:</b>
<b>Insured:</b>	
<b>Insured Mailing Address:</b>	
<b>Insured's Web Address:</b>	
<b>Insured Contact Name:</b>	<b>Phone Number:</b>

**PROHIBITED** (check if you have this exposure)

- Trampoline(s)

**YEARS IN BUSINESS / EXPERIENCE**

\_\_\_\_\_ Years in business as the 'Named Insured' indicated on this application

\_\_\_\_\_ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.  
*(Missouri Applicants - Do not answer this question)*

- Applicant in receivership  
 Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

**LOSS HISTORY**

- Three years of loss history information provided on ACORD application or attached to this application

**OPERATIONS / EXPOSURES**

- Racquet Club  
 Swim Club  
 Beach(es) Total length: \_\_\_\_\_ feet  
 Lake(s) Total acres: \_\_\_\_\_  
 Land – total number of acres owned by the club: \_\_\_\_\_ acres  
 Off Premises Activities (describe):

- Snack bar  
 Restaurant (Requires Restaurant Supplemental Application)

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**OPERATIONS / EXPOSURES (continued)**

Swimming Pool(s) Number of swimming pools: \_\_\_\_\_

- Meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act
- Depths marked, Life safety equipment placed in pool area, Rules posted
- Competitions       Diving Teams       Swimming Instruction
- Fenced completely with self-latching gate(s), if pool is outdoors
- Life guards       CPR trained       Subcontracted out
- Slides or diving boards      Maximum height: \_\_\_\_\_ feet

**SUBCONTRACTORS / INDEPENDENT CONTRACTORS**

- Uninsured subcontractors are not acceptable.
- Risk Transfer – Subcontractors: (check if applicable)
  - Additional Insured – Status granted to you on the subcontractor’s policy
  - Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
  - Limits of Liability - Subcontractors are required to carry limits equal or above your own

**CLUB MEMBERS**

Number of annual memberships: \_\_\_\_\_

- Club member contracts include a ‘release of liability’ and ‘waiver’

**RECEIPTS**

All Operations including pro shop and snack bar	\$
Pro Shop only	\$
Snack Bar only	\$

**PLANNED EXPANSION OR NEW ACTIVITIES IN COMING POLICY TERM**

- New activities or expansion is anticipated (describe):

**COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)**

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Stop Gap Liability – U066

**COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)**

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement:  Bronze – U777C     Silver – U777B    or     Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

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**GENERAL FRAUD STATEMENT (Not applicable in all states.)**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:*

- The answers are true, correct and complete to the best of his/her knowledge.*
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

**SIGN AND DATE**

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE