

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:



Swimming Instructors Supplemental Application

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
BUSINESS NAME OR TRADING NAME: <hr/>	APPLICANT'S PHONE NUMBER: _____
PROPOSED POLICY PERIOD: _____ TO: _____	APPLICANT'S WEB ADDRESS: _____
	INSPECTION CONTACT: _____
	CONTACT PHONE NUMBER: _____
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER : _____	
Years in business: _____ Years of Experience in this field: _____	

Supplemental Application to accompany fully completed ACORD application or its equivalent. All questions must be answered in full.
 All Applications must be signed and dated by the applicant.

GENERAL OPERATIONS

1. Provide Instructor to Student Ratio by Age Group (complete all that apply):
 Non-swimmers and beginners: ___ to ___ Mixed Ability Groups: ___ to ___
 Children under age of seven: ___ to ___ Competent Swimmers: ___ to ___
 Improving Swimmers: ___ to ___ Swimmers with Disabilities: ___ to ___
2. Is a designated lifeguard on duty at all times (in addition to instructors): Yes No
3. If you offer any of the following services or instruction, check all that apply, or: N/A

<input type="checkbox"/> Coaching Amateur or Competitive Teams (detail below)	<input type="checkbox"/> Lifeguard Services
<input type="checkbox"/> Coaching Elite Athletes (detail below)	<input type="checkbox"/> Paddleboard Instruction
<input type="checkbox"/> Diving Instruction	<input type="checkbox"/> Scuba Certification
<input type="checkbox"/> Infant / Toddler Self-Survival Swim Lessons (detail below)	<input type="checkbox"/> Scuba Diving Instruction
<input type="checkbox"/> Lifeguard Certification	<input type="checkbox"/> Surfing Instruction
4. Body of Water in which instruction is provided (**check all that apply**)

<input type="checkbox"/> Customers Pool	<input type="checkbox"/> Lake
<input type="checkbox"/> Indoor Or Outdoor Commercial Pool Owned By Others	<input type="checkbox"/> Ocean / Ocean Access
<input type="checkbox"/> Indoor Or Outdoor Pool - Owner Operated Swim School	<input type="checkbox"/> Public Or Municipal Pool
5. All pools and spas are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act: Yes No
6. Is adequate lifesaving equipment available at all times during instruction: Yes No
7. If you subcontract work to others, check all that apply, or: N/A

***Attach a sample copy of the Subcontractor Agreement and provide a description of the services contracted in the NOTES section**

<input type="checkbox"/> All subcontractors undergo a background check prior to contracting for their service
<input type="checkbox"/> All subcontractors must show proficiency in all disciplines they teach
<input type="checkbox"/> All subcontractors are Red Cross Certified
<input type="checkbox"/> All subcontractors are required to sign a written contract stating what services they are authorized to provide
<input type="checkbox"/> All subcontractors are required to provide evidence of Private Health or Workers Compensation Coverage
8. Do any subcontractors offer any service or instruction scheduled in question 3. above: Yes No
 Estimated Total Cost for work subcontracted to others: \$

STAFF TRAINING AND EXPERIENCE

- 1. Are all instructors Red Cross Certified: Yes No
- 2. Do you provide CPR training or Red Cross Certification to your employees: Yes No
- 3. Are all employees at least 18 years of age? Yes No
- 4. Number of Instructors: _____ Seasonal _____ Full-Time _____ Part-Time Average length of employment: . _____
- 5. How often are safety meetings conducted: _____
- 6. Are employees subject to background checks: : Yes No

PRODUCTS/COMPLETED OPERATIONS EXPOSURE:

- 1. Do you sell any hard goods or products (e.g., hats, shirts, logo branded items): Yes Gross Receipts: \$_____ No
Description of Product(s): _____
- 2. Do you sell food or beverages? Yes Gross Receipts: \$_____ No
Type of Food or Beverage: _____

NOTES: (INCLUDING COMPLETE DESCRIPTION OF ALL INFORMATION AS REQUESTED. INCLUDE A SEPARATE SHEET IF NECESSARY)**

IMPORTANT NOTICE

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof.

The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

The Company is authorized to make any inquiry in connection with this application. Accepting this application does not bind the Company to issue a policy.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify the Company, and the Company may modify or withdraw any quotation.

FRAUD STATEMENT FOR THE STATE(S) OF:

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: 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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another 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, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

New York

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.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: 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.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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.

Producer's Signature

Date

Applicant's Signature

Date