





# Swett & Crawford

Any food or beverages sold on premises?  Yes  No If yes, describe. \_\_\_\_\_

Any liquor served?  Yes  No

### 3. LOSS INFORMATION

#### Prior Carriers

YEAR	CARRIER POLICY	NUMBER	LIMITS	PREMIUM

#### Loss History (Last Five Years)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

During the past three years, has any company ever cancelled, declined, or refused to issue any similar insurance to the applicant?  Yes  No  
If yes, please explain. \_\_\_\_\_

### 4. OPERATIONS

Facilities	Number	Facilities	Number
<input type="radio"/> Swimming Pool (see below)	_____	<input type="radio"/> Nursery (see below)	_____
<input type="radio"/> Whirlpool	_____	<input type="radio"/> Sports Medicine	_____
<input type="radio"/> Sauna	_____	<input type="radio"/> Barber/Beauty Shop	_____
<input type="radio"/> Steam Room	_____	<input type="radio"/> Masseuse	_____
<input type="radio"/> Jacuzzi	_____	<input type="radio"/> Physical Therapists	_____
<input type="radio"/> Shower Room	_____	<input type="radio"/> Pro Shop	_____
<input type="radio"/> Locker Room	_____	<input type="radio"/> Game Room	_____
<input type="radio"/> Handball Courts	_____	<input type="radio"/> Gymnastics	_____
<input type="radio"/> Tennis Courts	_____	<input type="radio"/> Trampolines (describe below)	_____
<input type="radio"/> Racquetball Courts	_____	<input type="radio"/> Tumbling	_____
<input type="radio"/> Basketball Courts	_____	<input type="radio"/> Dance Instruction	_____
<input type="radio"/> Sun Tanning Units (see below)	_____	<input type="radio"/> Aerobics	_____
<input type="radio"/> Body Toning Units	_____	<input type="radio"/> Karate	_____
<input type="radio"/> Jogging Tracks	_____	<input type="radio"/> Judo	_____
<input type="radio"/> Bicycle Tracks	_____	<input type="radio"/> Other	_____

#### Description of Operations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## Swimming

Indoor     Outdoor     Lap Pool Only    Maximum Depth \_\_\_\_\_

Lifeguards     Yes     No    Rules Posted     Yes     No  
Lifesaving Equipment Provided     Yes     No

Describe \_\_\_\_\_

Diving Board     Yes     No    Number of Meters in Height \_\_\_\_\_

Describe \_\_\_\_\_

## Nursery

Maximum number of children. \_\_\_\_\_ Ages \_\_\_\_\_

Number of attendants. \_\_\_\_\_ Ages \_\_\_\_\_ Are attendants trained in child care?     Yes     No

Are children allowed to stay if parents leave the center?     Yes     No

Describe procedures for supervision of children. \_\_\_\_\_

Is nursery on same premises?     Yes     No

List play equipment. \_\_\_\_\_

## Sun Tanning Units

Please List Tanning Equipment:

MANUFACTURER	#BEDS	#BOOTHES	#FACIAL	OTHER	CHECK ONE		WHEN INSTALLED	NEW OR USED
					UVA	UVB		
					<input type="radio"/>	%	<input type="radio"/>	%
					<input type="radio"/>	%	<input type="radio"/>	%
					<input type="radio"/>	%	<input type="radio"/>	%
					<input type="radio"/>	%	<input type="radio"/>	%

Number of Timers? \_\_\_\_\_ Operated by Employees?     Yes     No

Maximum exposure time each session. \_\_\_\_\_ Are all timers tested daily?     Yes     No

Tanning units were installed by \_\_\_\_\_

Do tanning units conform to local building and electrical codes?     Yes     No

Are goggles worn by all patrons?     Yes     No

Are all employees trained in the use of timers?     Yes     No

Are all units cleaned between patrons' use?     Yes     No

Is medical history taken for new patrons?     Yes     No

Do patrons receive clear information on potentially harmful medications which react to tanning?     Yes     No





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Are Hold Harmless cards and Sign-In cards maintained on file permanently?

Yes  No

Please attach a sample copy of all client information to this application as well as a copy of the Hold Harmless card and the Sign-in card.

F.D.A. requires posting of the following sign. Have you complied?

Yes  No

F.D.A. REQUIREMENT—DANGER—Ultraviolet radiation. Follow all instructions. As with natural sunlight, overexposure may cause premature aging of skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

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.

It is mutually understood and agreed between the Company and Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant in any respect.

Witness \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

## 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.



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www.swett.com