STRATUM
Insurance Agency LLC
CA Lic 0E52066

How to return Your Application

(Use for applications anywhere in the USA)

PLEASE FAX, OR EMAIL YOUR COMPLETED APPLICATION TO:

Stratum Insurance Agency LLC

PHONE: 949-270-0609

FAX: 949-270-0608

Email: helpdesk@stratuminsurance.com

In Ca Lic 0e52066

Recreation Organization Insurance Application

Producer: Stratum Insurance Agency LLC

1) Name of Organization: _____

2) Contact First & Last Name: _____

3) E-mail address: _____

4) Phone #1: ( )_____ Phone #2 ( ) _____ Fax ( )_____

5) Mailing Address:_____
City: _____ State: _____ Zip Code: _____

6) Coverage Dates (***including set up, tear down, or other practice dates***) *Write in a 12 month period if you want an annual policy:*

Start Date: _____ (mm/dd/yyyy) End Date: _____ (mm/dd/yyyy)

7) Description of Organization/Events/What you teach

_____

_____

_____

8) Do you wish to cover the athletic participants at your events? YES NO
(If yes, please complete Questions 9 & 10. If no, please skip to Question #11)

9) What is the number of athletic participants at each of your events? _____

10) For Athletic Participants Coverage, please list the type of sport , number of participants , if they are youth or adults, and number of days they are participating:

Sport Type *(i.e. basketball)*	Youth or Adult *(Youth is 18 or under)*	# of Participants	# of Days

11) What is the average number of Attendees/Spectators at your events? _____

12) What is the number of events you wish to insure under this policy? **ANNUAL**

13) Please List the dates, locations, and type of event of ALL these events you wish to cover under this policy (*please attach a separate document if needed*): **If you run an annual swim school, skip this question.**

DATE (mm/dd/yyyy)	LOCATION (Name of Venue/City/State)	TYPE OF EVENT (i.e. competition, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14) Have You Ever Had this Event Before In the Past (have you ever run a swim school in the past)?
YES NO

15) Have you ever had a loss or a claim? If yes, please describe: _____
_____
_____

16) Please List **ALL** Additional Insured/Certificate Recipients:
(An Additional Insured is any entity or individual asking for proof of insurance, such as a landlord or a vendor. Please attach a separate document if needed) (If you do not know the answer now, you can skip this question)

#1) Additional Insured Name: _____
City, State, Zip: _____
#2) Additional Insured Name: _____
City, State, Zip: _____
#3) Additional Insured Name: _____
City, State, Zip: _____
#4) Additional Insured Name: _____
City, State, Zip: _____
#5) Additional Insured Name: _____
City, State, Zip: _____

17) Is the Facility Indoors or Outdoors: _____
If Outdoors, is it Fenced? YES NO

18) Will Any Alcohol Be Sold by your organization for profit? YES NO
If Yes, do you want to purchase Liquor Liability? YES NO
If Yes, What is your estimated Liquor Sales? $_____
What is the total estimated number of people consuming alcohol? _____

19) Will you have any Animals, Pyrotechnics, Inflatables, Motor Sports, Live Hip Hop Entertainment, Rock Wall Climbing, Scuba, Horses or Rodeo, Ballooning, Trampolines, Water Skiing, Aircraft, Water Sports, or other hazardous activities at any of your events? *(This does NOT necessarily mean your application will be declined)* YES NO

If Yes, please list the activity you will have and explain: _____
_____

_____

20) What are the estimated Gross Revenues for your organization?

From:	Tuition	$_____
	Admissions	$_____
	Sales/Concessions	$_____

21) What Safety Precautions are in effect? Please specify. *(waivers, helmets, etc)*

_____

_____

22) Please list all of the addresses where you will teach or have your swim school.

Address: _____
City, State, Zip: _____

Address: _____
City, State, Zip: _____
Address: _____
City, State, Zip: _____
Address: _____
City, State, Zip: _____

****THE FOLLOWING MUST BE READ & SIGNED BEFORE A QUOTE CAN BE OFFERED:****

_____(Initial) I hereby acknowledge that all athletic participants will be required to sign a waiver before participating in any sport activity.

_____(Initial) I understand that if I elect not to purchase coverage for Athletic Participants, I will not be covered for participant liability or injuries (Question #8)

_____(Initial) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties. I certify that the above information is true and accurate to the best of my knowledge. I also understand that coverage may be considered NULL and VOID if the information I provided is false.

_____ _____

Signature of Applicant **Date**

To Receive Your Quote:

Please EMAIL Application to helpdesk@stratuminsurance.com

Or Fax Application to 949-270-0608