

INSURANCE QUOTE INFORMATION FOR SWIM SCHOOLS

GENERAL INFORMATION

Swim School Name _____

Contact Name _____

Mailing Address _____
Street _____

City _____ Zip Code _____

Fed ID # _____ Email _____

Phone # _____ Fax # _____

School address(s)

1. Own/lease _____

2. Own/lease _____

3. Own/lease _____

Date business started _____

Complete ONLY each of the following sections for which you would like a quote

LIABILITY INSURANCE

Liability Limits \$ _____

Medical Expense Limit \$ _____

Gross Receipts For:

Lessons \$ _____ Swim wear, goggles, etc \$ _____

Aerobics \$ _____ Other (describe) _____

Current Renewal Date _____ Insurance Co _____

Do pools have diving boards – Y N Do pools have starting blocks – Y N

Max # of students per instructor _____ Liability losses past 3 years _____

PROPERTY INSURANCE

Street, city and zip codes must be complete in general information section if quoting property.

Building Amount each location

1) _____ 2) _____ 3) _____

Contents Amount each location

1) _____ 2) _____ 3) _____

Construction Type (frame, steel, masonry) and Year Built

1) _____ 2) _____ 3) _____

Does building have a sprinkler system? 1) _____ 2) _____ 3) _____

Responding Fire Department

1) _____ 2) _____ 3) _____

Roof Type and Age (asphalt, steel, pitch, gravel, terra cotta)

1) _____ 2) _____ 3) _____

Alarm Type

1) _____ 2) _____ 3) _____

Building Size (amount rented/owner)

1) _____ 2) _____ 3) _____

Pool Size

1) _____ 2) _____ 3) _____

Last Year Plumbing, Heating, Electrical Updated (if building is over 20 yrs old)

1) _____ 2) _____ 3) _____

Property Losses the Past 3 Years

WORKERS COMPENSATION

Payroll

Instructors/Pool Staff \$ _____

Clerical \$ _____ Other \$ _____

Owners are included/excluded in above payroll _____

Full Time Employees _____ Part Time Employees _____

Experience Modification _____

Losses Past 3 Years

Date _____

Amount Paid \$ _____ \$ _____

Kind of Injury _____

Please attach a paid loss history from current insurance company if possible. Some companies will not quote without loss history.

UMBRELLA COVERAGE

Umbrella amount - \$ _____,000,000

If you would like to attach copies of declaration pages that show classification codes, policy limits and endorsement numbers, we can give you a more fair comparison.

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