



## BURGEE PROGRAM GENERAL APPLICATION

Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Actual Location: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounting Record Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective date of present insurance: \_\_\_\_\_

Interest of Applicant in premises: Owner  Lessee  Other  \_\_\_\_\_

If the organization leases the premises, from whom? \_\_\_\_\_

### What type of sailing organization are you:

Yacht Club  Paper Club  Class Association  Sailing School (*please use School Application*)

Other: \_\_\_\_\_

Are certificates of insurance required? Yes  No

If so, to whom? \_\_\_\_\_

Does the organization own any boilers? Yes  No  Values of machines/boilers: \$ \_\_\_\_\_

Do they currently have jurisdictional inspections? Yes  No

Are you incorporated? Yes  No

Are you a non-profit organization? Yes  No

Number of years in business: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Member US SAILING? Yes  No

US SAILING Membership Number: \_\_\_\_\_

(US SAILING membership is mandatory in order to purchase this coverage.)

Is the organization open year round? Yes  No

If not, indicate when used: \_\_\_\_\_

How many members? \_\_\_\_\_

Location: Ocean  Inland River  Coastal River  Bay  Canal/Waterway  Lake

### General Information:

|    |  | Yes                      | No                       |
|----|--|--------------------------|--------------------------|
| 1. | Is a formal safety program in operation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Any medical facilities provided or doctors employed/contracted?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Any parking facilities owned/rented?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Any policy coverage declined, cancelled or non-renewed during the prior 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks:



**PROPERTY SECTION**

Does the sailing organization lease or own property?      Yes  No  *If No, proceed to page 4.*

Number of Property Locations to be covered? \_\_\_\_\_

Location #1: Main Building (Clubhouse)

Construction: Frame  Masonry  Other  \_\_\_\_\_ Distance to water \_\_\_\_\_

Year Built: \_\_\_\_\_ # Stories: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Basement: Yes  No

Distance to Fire Dept. \_\_\_\_\_ Distance to Hydrant \_\_\_\_\_

Is building sprinklered?                      Yes  No                       If yes, Central Station  Local Gong

Does building have burglar alarm? Yes  No                       If yes, Central Station  With Keys

Burglar alarm type: \_\_\_\_\_

Burglar alarm installed and serviced by: \_\_\_\_\_

# of Guards/Watchmen: \_\_\_\_\_

Are Blanket Limits Requested? \*    Yes  No                       Blanket Limit: \$ \_\_\_\_\_

Replacement cost of Building \$ \_\_\_\_\_

Value of Personal Property \$ \_\_\_\_\_

Property Deductible desired \$ \_\_\_\_\_

Agreed Value\*:    Yes  No

*\*If yes to Agreed Value or Blanket Limits, we need current Signed Statement of Values and B.I. Worksheet*

What is the value of trophies and/or fine arts? \$ \_\_\_\_\_

Are trophies ever off the premises?                      Yes  No

Is coverage desired?                      Yes  No                       Deductible: \$ \_\_\_\_\_

Mortgagees:

Loss Payees:

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

With Regards to: \_\_\_\_\_



**PROPERTY SECTION** (continued)

Additional Buildings for Location #1 (buildings #2 to #5):

|  | Building #2   | Building #3   | Building #4   | Building #5   |
|--|---|---|---|---|
| Description                              |   |   |   |   |
| Construction                             |   |   |   |   |
| Year Built                               |   |   |   |   |
| Square Feet                              |   |   |   |   |
| # of Stories                             |   |   |   |   |
| Sprinklered<br>(C/S = Central Station)   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> |
| Burglar Alarm<br>(C/S = Central Station) | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> |
| Bldg Replacement Cost                    |   |   |   |   |
| Personal Property                        |   |   |   |   |
| Deductible                               |   |   |   |   |
| Agreed Value                             | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

Loss of Income Coverage? Yes  No       Coinsurance: % \_\_\_\_\_

If yes, limit desired for each building:

| Building #1 | Building #2 | Building #3 | Building #4 | Building #5 |
|-------------|-------------|-------------|-------------|-------------|
| \$          | \$          | \$          | \$          | \$          |

Location #2 at \_\_\_\_\_ (Insert Address)

|  | Location #2 /Bldg #1  | Location #2 / Bldg #2   | Location #2 / Bldg #3   | Location #2 /Bldg #4  |
|--|---|---|---|---|
| Description                              |   |   |   |   |
| Construction                             |   |   |   |   |
| Year Built                               |   |   |   |   |
| Square Feet                              |   |   |   |   |
| # of Stories                             |   |   |   |   |
| Sprinklered<br>(C/S = Central Station)   | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> |
| Burglar Alarm<br>(C/S = Central Station) | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/><br>C/S <input type="checkbox"/> Local <input type="checkbox"/> |
| Bldg Replacement Cost                    |   |   |   |   |
| Personal Property                        |   |   |   |   |
| Deductible                               |   |   |   |   |
| Agreed Value                             | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

If additional buildings and/or locations, please provide spreadsheet or ACORD Application.

Loss of Income Coverage? Yes  No       Coinsurance: % \_\_\_\_\_

If yes, limit desired for each building (bldg):

| Location #2 /Bldg #1 | Location #2 / Bldg #2 | Location #2 / Bldg #3 | Location #2 /Bldg #4 |
|----------------------|-----------------------|-----------------------|----------------------|
| \$                   | \$                    | \$                    | \$                   |

Additional property coverages needed:

| Coverage: | Limit: | Deductible: |
|-----------|--------|-------------|
|           |        |             |
|           |        |             |
|           |        |             |



## GENERAL LIABILITY SECTION

Number of members? \_\_\_\_\_

General Liability Limits are \$1,000,000 each occurrence / \$2,000,000 general aggregate

Square Footage of Club: \_\_\_\_\_ (not including restaurant or snack bar)

Square Footage of Restaurant: \_\_\_\_\_

Square Footage of Snack Bar: \_\_\_\_\_

Is Employee Benefits Liability coverage desired? Yes  No  If yes, # of employees: \_\_\_\_\_

Is Garage Keepers Legal Liability coverage desired? Yes  No  If yes, what limits: \_\_\_\_\_

Please indicate which facilities are included:

Swimming Pool Yes  No

If yes, # of Pools: \_\_\_\_\_

Bathing Beach Yes  No

If yes, # of Beaches: \_\_\_\_\_

Restaurant Yes  No

Snack Bar Yes  No

Tennis Courts Yes  No

Fenced  Div. Board  Depth Markers  Lifeguard

Lifeguard  Swimming area roped  Diving Platforms

Square Footage: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Property coverage desired for tennis courts? Yes  No

If yes, how many courts: \_\_\_\_\_

Total value:\$ \_\_\_\_\_

Child Care (not sailing instruct.) Yes  No

Camp (not sailing instruct.) Yes  No

# of instructors \_\_\_\_\_

# of children \_\_\_\_\_ # of camper days \_\_\_\_\_

# of field trips \_\_\_\_\_ Transportation Provided: Yes  No

Security Guards Yes  No

If yes, payroll: \$ \_\_\_\_\_

Boat Storage (on land) Yes  No

If yes, receipts \$ \_\_\_\_\_

Storage Tanks Yes  No

Above or below ground (describe): \_\_\_\_\_

If yes, explain: \_\_\_\_\_

List the following annual income:

Dues \$ \_\_\_\_\_

Restaurant Sales \$ \_\_\_\_\_

Snack Bar Sales \$ \_\_\_\_\_

Pool & Tennis Fees \$ \_\_\_\_\_

Boating Instruction Fees \$ \_\_\_\_\_

Store (Chandler) Sales \$ \_\_\_\_\_

Boat Rentals \$ \_\_\_\_\_

Overnight Charter \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

(Explain other income) \_\_\_\_\_

Liquor Sales \$ \_\_\_\_\_

Does the club have a liquor license and require liquor liability? Yes  No

Describe club's procedures on serving liquor? \_\_\_\_\_

Are bartenders TIPS trained? Yes  No

Describe any activities of the Club not previously mentioned (ie Fireworks Display, Food Festival, Swim Team, Swim Instruction, Diving Team, Day Spa, Waterskiing, Jet Ski). Do you use employees or Independent Contractors for any of the above services? Yes  No  (If yes, describe)

Does the club gather or store any private information on their computer network or web site? Yes  No

Please indicate if a network security/cyber liability quote is desired Yes  No



## AUTOMOBILE/TRAILER SECTION

Does the sailing organization lease or own vehicles or trailers? Yes  No  If No, proceed to next page.  
 If no, hired and non-owned auto liability will be included.

Trailers registered to the club must be listed on an auto policy in order to provide liability protection to the club.

If yes, what is the federal employee identification number (FEIN): \_\_\_\_\_

If yes, list vehicles, trailers, and usage:

| VEH # | Year | Make/Model | Garage location City/State | Weight | Load Capacity | Cost New | VIN # |
|-------|------|------------|----------------------------|--------|---------------|----------|-------|
| 1.    |      |            |                            |        |               |          |       |
| 2.    |      |            |                            |        |               |          |       |
| 3.    |      |            |                            |        |               |          |       |
| 4.    |      |            |                            |        |               |          |       |
| 5.    |      |            |                            |        |               |          |       |

Describe usage of vehicles/trailers:

\_\_\_\_\_

\_\_\_\_\_

Deductibles desired: Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

Is full-glass protection desired on vehicles? Yes  No

Drivers' List (At least one driver is required)

| Name: | Date of Birth: | Drivers License #: | State Licensed: |
|-------|----------------|--------------------|-----------------|
|       |                |                    |                 |
|       |                |                    |                 |
|       |                |                    |                 |

General Information:

|    |   | Yes                      | No                       |
|----|---|--------------------------|--------------------------|
| 1. | With the exception of encumbrances, are any vehicles not solely owned by and registered to the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is there a vehicle maintenance program in operation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Any vehicles used by family members?<br>If yes, please identify in remarks                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does the applicant obtain MVR verifications?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Does the applicant have a specific driver recruiting method?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are any drivers not covered by workers compensation?  | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks:



## WORKERS COMPENSATION SECTION

Is Workers Compensation coverage desired? Yes  No  *If No, proceed to next section, below.*

How many employees are there? \_\_\_\_\_ Unemployment ID Number/TIN #: \_\_\_\_\_

Experience Modification: \_\_\_\_\_

How many full time employees? \_\_\_\_\_ What are their duties? \_\_\_\_\_

How many part time/seasonal employees? \_\_\_\_\_ What are their duties? \_\_\_\_\_

Limits: \$500k/\$500k/\$500k Increased limits? Yes  No  Limits:\$ \_\_\_\_\_

| State | Loc # | Class Code | Categories, duties, classifications                 | No of Employees | Estimated Annual Payroll |
|-------|-------|------------|---|-----------------|--------------------------|
|       |       | 9060       | Club – country, golf, fishing or yacht - & clerical |                 |                          |
|       |       |            |   |                 |                          |

Do you use the services of independent contractors or subcontractors? Yes  No

If Yes, payroll or cost: \$ \_\_\_\_\_

*Please note, charges may apply for payroll to contractors if no proof of Workers Compensation is available for those individuals.*

## CRIME SECTION

Is Employee Dishonesty or Money & Securities Coverages desired? Yes  No  *If No, proceed to next section, below.*

If yes, what limits and deductibles?

Employee Dishonesty \$ \_\_\_\_\_

Depositors Forgery \$ \_\_\_\_\_

Money & Securities \$ \_\_\_\_\_

How many employees handle money, and what is job description: \_\_\_\_\_

Is there an audit by: CPA  Public Accountant  Staff  Other: \_\_\_\_\_

Audit frequency? Annual  Semi-Annual  Quarterly  Other: \_\_\_\_\_

Does audit include inventory? Yes  No

Audit report is rendered to: Owner  Partners  Board of Directors  Other: \_\_\_\_\_

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes  No

Is countersignature of checks required? Yes  No  Over what limit? \$ \_\_\_\_\_

Is the coverage intended to meet ERISA requirements? Yes  No

If Yes: Name of plan: \_\_\_\_\_ Current Plan Balance: \_\_\_\_\_

## UMBRELLA SECTION

Is an Umbrella liability quote desired? Yes  No  *If No, proceed to next page.*

If yes, what limit? \$ \_\_\_\_\_

Is Umbrella liability currently carried? Yes  No  If yes, Current limit: \$ \_\_\_\_\_

The Burgee Program can include Directors & Officers Liability under the Umbrella, when carried by Chubb within the program.

**Would you like to include the Directors & Officers under the Umbrella for this quote? Yes  No**



**MARINE LIABILITY SECTION**

Launch Operators? Yes  No  How many? \_\_\_\_\_ Full or Part-time? \_\_\_\_\_  
 Crew Members? Yes  No  How many? \_\_\_\_\_ Full or Part time? \_\_\_\_\_  
 Sailing Instruction? Yes  No  If yes, please complete page 9  
 Does the organization own or lease piers and docks? Yes  No  If yes, please complete page 8  
 Does the organization own or lease moorings? Yes  No  If yes, how many? \_\_\_\_\_  
 Average value of boats at moorings? \$ \_\_\_\_\_

Does the organization own/lease boats? Yes  No   
 Number of sailboats: \_\_\_\_\_ Usage: \_\_\_\_\_  
 Number of powerboats: \_\_\_\_\_ Usage: \_\_\_\_\_

For each boat, please indicate the below information. *Attach spreadsheet/schedule if necessary, a template can be found on the Gowrie.com website on the Burgee Application page.*

| Power or Sail | Year | Make | Model/Length | Serial/Hull Number | Hull Value | Motor Value | Deductible |
|---------------|------|------|--------------|--------------------|------------|-------------|------------|
|               |      |      |              |                    | \$         | \$          | \$         |

Number of unregistered trailers: \_\_\_\_\_  
 For each trailer, please indicate the below information.

| Year | Make | Model | VIN | Value |
|------|------|-------|-----|-------|
|      |      |       |     | \$    |
|      |      |       |     | \$    |
|      |      |       |     | \$    |

Does the organization haul, launch, and store boats? Yes  No   
 If yes, describe: \_\_\_\_\_

Average value of boats in storage \$ \_\_\_\_\_ Number boats stored? \_\_\_\_\_  
 Maximum value of an individual boat stored \$ \_\_\_\_\_

List equipment used for hauling & launching:

| Year | Make | Model | Value |
|------|------|-------|-------|
|      |      |       | \$    |
|      |      |       | \$    |

Protection & Indemnity Liability Limit: \$1,000,000 is included. Request Umbrella Quote (pg 6) if higher limits desired.

Yacht Club (Marina) Operators Legal Liability Needed? Yes  No   
 Limits \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

# Annual races sponsored? \_\_\_\_\_ # Annual regattas sponsored? \_\_\_\_\_  
 # Annual cruises sponsored? \_\_\_\_\_ To what locations? \_\_\_\_\_

**List the following annual income:**

Dock & Slip Rental \$ \_\_\_\_\_  
 Mooring Rental Receipts \$ \_\_\_\_\_  
 Club Launch Receipts \$ \_\_\_\_\_  
 Repair Sales \$ \_\_\_\_\_  
 Winter Storage \$ \_\_\_\_\_  
 Haul & Launch \$ \_\_\_\_\_  
 Diesel Sales \$ \_\_\_\_\_  
 Gasoline Sales \$ \_\_\_\_\_

If fuel is sold, please indicate if Underground Storage Tank Pollution Liability is carried: Yes  No



**PIERS & DOCKS SECTION**

Is Piers & Docks coverage desired?      Yes  No       *If No, proceed to next page.*

ADDRESS FOR PIERS & DOCKS: \_\_\_\_\_

Piers & Docks Limit:      \$ \_\_\_\_\_      Deductible Requested: \$ \_\_\_\_\_ (\$5,000 minimum)

Loss of Income Coverage desired for piers, docks and/or slips?      Yes  No

    If yes, limits:      \$ \_\_\_\_\_      Coinsurance: % \_\_\_\_\_

How many docks?      \_\_\_\_\_

How many slips?      \_\_\_\_\_

Type of construction: Wood, Concrete, Steel? \_\_\_\_\_

Fixed or floating? \_\_\_\_\_

Are piers and docks covered? \_\_\_\_\_ If yes, what percentage is covered? \_\_\_\_\_

What is the maximum number of docks available? \_\_\_\_\_

Average number in use? \_\_\_\_\_

Average value of boats at docks? \_\_\_\_\_

What is the maximum number of slips available? \_\_\_\_\_

Average number in use? \_\_\_\_\_

Average value of boats at slips: \$ \_\_\_\_\_

How often are piers and docks maintained? \_\_\_\_\_

    By whom? \_\_\_\_\_

Are piers and docks removed for winter storage? \_\_\_\_\_

    If so, where? \_\_\_\_\_

Explain emergency weather plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electrical circuitry on docks?      Yes       No

Ground fault interrupters used?      Yes       No

Pier planks in good repair?      Yes       No

Boat ramp in good repair?      Yes       No

Piers kept free of obstruction?      Yes       No

Do gangways have adequate handrails?      Yes       No

Floats and bulkheads protection against corrosion?      Yes       No

Piers equipped with proper lifesaving equipment?      Yes       No

Slips adequately spaced to allow ample maneuvering?      Yes       No

**PROVIDE ROUGH DRAWINGS OF PLACEMENT.** Please include: Dimensions, Ages, and Values. Use bottom or back of this page. Include any other clarifying material: i.e. dock blueprint, slip assignment chart, photo.

**GEOGRAPHIC LOCATION OF PIERS & DOCKS.** Indicate if in a cove, a harbor, or on a river. How far from coast? Are docks in a protected area? Is there a breakwater, land mass, or other buffer protecting dock area? Please describe below:



## SAILING INSTRUCTION SECTION

Is Sailing Instruction coverage desired?    Yes  No       *If No, proceed to next page.*

Number of instructors on water at a given time? \_\_\_\_\_

How are instructors paid? As employees? \_\_\_\_\_ As independent contractors? \_\_\_\_\_

Number of students on water at a given time? \_\_\_\_\_

Ages? \_\_\_\_\_

Length of program? \_\_\_\_\_

Annual Revenue: \$ \_\_\_\_\_

Name of person in charge of sailing program: \_\_\_\_\_

Address: \_\_\_\_\_

Is instructor US SAILING certified? (*This is required*)     Yes     No

If yes, name of US SAILING Certified Instructor: \_\_\_\_\_

If no, explain prior experience in sailing instruction: \_\_\_\_\_

Are instructors certified in CPR and First Aid? (*This is required*)     Yes     No

Explain program procedure with regard to life jackets: \_\_\_\_\_

*(Life jackets are required to be worn at all times during instruction.)*

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Students' swimming ability documented?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Age and weight limits for each class of boat?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical records for each student?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discipline protocol established for students?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Proper application signed by parent or guardian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Specific criteria for drop-off and pickup?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please explain No answers below:

Description of area of operation of the program:

## SWIM TEAM SUPPLEMENT

Does your club have a Swim Team or provide Swim Instruction? Yes  No  *If No, proceed to next page.*

Number of instructors? \_\_\_\_\_

Number of chaperones? \_\_\_\_\_

Number of students/team members? \_\_\_\_\_

Age range of students/team members? \_\_\_\_\_

Number of swim meets on premises? \_\_\_\_\_

Number of swim meets off premises? \_\_\_\_\_

Transportation provided?  Yes  No

If yes, please explain: \_\_\_\_\_

Length of program? \_\_\_\_\_

Name of person in charge of swim team: \_\_\_\_\_

Address: \_\_\_\_\_

ARC or other certification?  Yes  No

Experience in swimming instruction: \_\_\_\_\_

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Instructors certified in CPR and First Aid?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Students' swimming ability documented?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medical records for each student?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Discipline protocol established for students?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Proper application signed by parent or guardian? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Specific criteria for drop-off and pickup?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please explain No answers below:

Please provide description of area of operation of the swim program:

## POLICY HISTORY AND SIGNATURE SECTION

### Claims History:

List all insurance claims in the past five years.

**Important Requirement:** *Please provide loss runs from current carrier. If unable to do so, we will need a statement regarding losses on club letterhead.*

| LOSS DATE | LOSS AMOUNT | DESCRIPTION OF LOSS | CLAIM STATUS (open/closed) |
|-----------|-------------|---------------------|----------------------------|
|-----------|-------------|---------------------|----------------------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

### Present Insurance Information:

Present Carrier: \_\_\_\_\_

Present Premium:      Package: \$ \_\_\_\_\_      Marine: \$ \_\_\_\_\_      Piers & Docks: \$ \_\_\_\_\_  
                                 Auto: \$ \_\_\_\_\_      W.C.    \$ \_\_\_\_\_      Umbrella: \$ \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Burgee General Application, 11/2010 Edition



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