

IOA LEARN TO SWIM (LTS) PROGRAM

REQUEST FOR COVERAGE

GENERAL INFORMATION: Applying for: ☐ New coverage ☐ Effective: _____

Name Insured (Legal Business Name): _____

Doing Business As: _____

Website Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Email: _____

Cell Phone: _____ Office Phone: _____ Home Phone: _____

Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Are you a Member Club of USA Swimming? ☐ Yes ☐ No What is your USA Swimming Club Code _____

Year this business started? _____ Federal Employee ID# _____

SWIM SCHOOL EXPOSURE: NOTICE - If you cannot answer "Yes" to questions 1-6 you are not eligible for this coverage.

1. Are all participants (adults) and/or their guardians signing an approved waiver/release form? ☐ Yes ☐ No
2. Is there a student to instructor ratio of no more than 8 students to 1 instructor? ☐ Yes ☐ No
3. Is there a lifeguard or lifeguard certified instructor on duty whenever someone is permitted in the pool? ☐ Yes ☐ No
4. Are there lifesaving devices available at all facilities used? ☐ Yes ☐ No
5. Are background checks required on all staff members 18 years and older? ☐ Yes ☐ No
6. Do you have a written abuse/molestation prevention and response plan in place? ☐ Yes ☐ No
7. Total Number of employees: _____
8. Will you be offering residential lessons? ☐ Yes ☐ No *If Yes, how many instructors _____
9. Do you teach any Certification Classes such as CPR or Lifeguard? ☐ Yes ☐ No *If Yes, how many instructors _____

STANDARD EXPOSURE COVERED:

- Swim lessons for infants to adults. Classes will include the parents with the infants.

IF THE APPLICANT OWNS THEIR OWN POOL OR IF THE APPLICANT IS CONTRACTUALLY REQUIRED TO MANAGE A NON-OWNED POOL, THE APPLICANT IS STRONGLY URGED TO PURCHASE PREMISES LIABILITY INSURANCE COVERING NORMAL CLUB OPERATIONS OTHER THAN THE LEARN TO SWIM PROGRAM.

PREMIUM COMPUTATION

SWIM SCHOOL EXPOSURE:

Estimated number of Participants for Swim Lessons through 5/30/23:

X \$12 = \$ (A)

GL Coverage is:

\$2,000,000 Per Occurrence

\$4,000,000 Aggregate

\$300,000 Sublimit for SAM

Enter the calculated premium or the applicable minimum premium, whichever is greater.

Participant Accident Medical Coverage

All participants must be covered

\$25,000 Accident Medical Expense

\$100 Per Injury Deductible

\$5,000 Accidental Death & Dismemberment

MINIMUM PREMIUM *(use if greater than the calculated premium)*

\$1,350 (100 Participants)

\$1,075 if applying for coverage AFTER 9/1/23

\$800 if applying for coverage AFTER 1/1/24

RESIDENTIAL LESSONS *(must be Lifeguard Certified)* Coverage only available if you have Learn to Swim School Exposure and above section is completed.

Do you offer lessons for individuals at private residences or offer one on one lessons at your home pool?

If NO, you DO NOT need this coverage.

Number of Instructors:

X \$500.00 = \$ (B)

EXCESS LIABILITY COVERAGE

Limit \$3,000,000 per occurrence. Increases the per occurrence Liability limit to \$5,000,000.

☐ YES, add coverage ☐ NO, I do not want this coverage

Minimum Annual Premium = \$ 3,600.00 (C)

Calculate total premium due

Add totals from above

Premium is 100% Fully Earned at inception and Non-Refundable.

(A) + (B) + (C) = \$ + \$50.00 Annual Broker Fee = \$

A 3% FEE WILL BE CHARGED ON ALL CREDIT CARD TRANSACTIONS

TOTAL AMOUNT DUE

Signature _____

Date _____

Email Completed Application to: LTSteam@ioausa.com

Once approved, invoice and payment instructions will be sent to your email address.

For More Information Please Email: LTSteam@ioausa.com

**PLEASE INCLUDE A COPY OF YOUR
WAIVER/RELEASE FORM**