



SPA CHAPTER/EVENT APPLICATION

Named Insured: _____

Address: _____

Name of Contact for Insurance: _____

Contact Telephone Number: _____ Fax Number: _____

Email: _____

REQUESTED EFFECTIVE DATE: _____

Insurance required for club or event? _____

Will all participants be SPAUSA Members? _____

Describe event or club operations; include location(s) that you use:

Experience of applicant: _____

Do you provide lessons? _____

Who are your instructors?: _____

Are your instructors all SPAUSA certified?: _____

Will you have entertainment or vendors? _____

Do you require entertainment & vendors to provide insurance certificates? _____

Previous insurance carrier: _____

Previous limits of insurance: _____ Previous Premium: _____

Please list any claims or incidents for the past 3 years. Attach if necessary.: _____

Has insurance ever been declined or cancelled for any reason? If yes, please explain: _____

*** REQUIRED*** Please provide accurate approximations for:

SPAUSA member participants: _____

Drop In (non member) participants: _____

Spectator attendance: _____

SUBMISSION CHECKLIST: In order to process your application quickly, please ensure that we have the following:

Completed Application	Y / N
Signed Operational Endorsement	Y / N
Copy of Waiver	Y / N

DECLARATION

The undersigned declares that all statements made in this Application for Insurance are true. Signing of this document does not bind the Applicant to complete the insurance, but it is agreed that this Application shall be the basis of the contract, should a policy be issued.

Signature

Position

Date