

Covers indoor and outdoor pickleball facilities, tennis and racquet clubs, padel and squash centers, and pickleball entertainment venues with food and bar — including leagues, lessons, tournaments, camps, and pro shops. Golf and country clubs use CWCO-SUP-GOLF. Complete with ACORD 125 and 140. Attach the membership agreement and participant waiver.

1

APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME

DBA

FEIN

YEARS IN BUSINESS

FACILITY ADDRESS

CITY / STATE / ZIP

WEBSITE

Entity type:

☐ Sole proprietor

☐ Partnership

☐ LLC

☐ Corporation

☐ Nonprofit / member-owned

PRIMARY CONTACT / TITLE

PHONE

EMAIL

OWNED OR LEASED FACILITY / LANDLORD

LIQUOR LICENSE NO. (IF ANY)

2

OPERATIONS

Facility features (check all):

☐ Indoor courts

☐ Outdoor courts

☐ Tennis

☐ Padel / squash

☐ Restaurant / bar

☐ Pro shop

☐ Fitness / locker rooms

☐ Pool

REVENUE SOURCE	% OF REVENUE

Revenue sources: memberships; court rental / open play; lessons and clinics; leagues and tournaments; youth camps; food and beverage; events / private parties; pro shop.

Size:

Courts

Members

Weekly visits

Coaches / pros

Youth participants

Nearest home (feet)

3

EXPOSURE & RISK QUESTIONS — PLAYERS, COURTS & FALLS

Pickleball ER visits rose from about 8,300 in 2018 to nearly 33,000 in 2024; most injured players were 50 or older, and falls caused 43% of visits.

3-1 Does every player sign a waiver before playing, including guests and drop-ins?

☐ Yes ☐ No

IF YES, EXPLAIN

3-2 Are courts inspected daily for cracks, moisture, debris, and loose fencing?

☐ Yes ☐ No

IF YES, EXPLAIN

3-3 Is there enough run-off space between courts and walls, posts, or benches?

☐ Yes ☐ No

IF YES, EXPLAIN

3-4 Are AEDs on site and staff trained in CPR?

☐ Yes ☐ No

IF YES, EXPLAIN

3-5 Are coaches and pros employees rather than independent contractors?

☐ Yes ☐ No

IF YES, EXPLAIN

3-6 Are coaches who work with minors background checked?

☐ Yes ☐ No

IF YES, EXPLAIN

3-7 Has a player been seriously injured on the premises in the last 3 years?

☐ Yes ☐ No

IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — NEIGHBORS, ALCOHOL & EVENTS

Neighbors sued a Kansas country club in 2022 over pickleball noise from 6 a.m. to 11 p.m., seeking an injunction against play within 600 feet of their home.

4-1	Are outdoor courts within 300 feet of homes?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	Have neighbors complained or sued over noise, lights, or parking?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	Are sound barriers, quiet paddles, or limited hours used to reduce noise?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	Is alcohol served or allowed on the premises?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Does the club host tournaments, corporate events, or private parties?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Does the club rent courts to outside leagues, coaches, or event promoters?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Is the club open without staff on site (key-card access)?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL (\$, ILLUSTRATIVE)	NUMBER OF EMPLOYEES	CONTRACT COACHES / PROS
ANNUAL REVENUE (\$, ILLUSTRATIVE)	FOOD & BEVERAGE SALES (\$)	ALCOHOL SALES (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

CURRENT CARRIER	LIMIT / DEDUCTIBLE	EXPIRATION DATE
6-1	Has any carrier declined, cancelled, or non-renewed coverage for this business in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		
6-2	Has a participant injury claim been made against the club in the last 5 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$, ILLUSTRATIVE)	OPEN / CLOSED

6-3	Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?	☐ Yes ☐ No
IF YES, EXPLAIN		

7 RISK MANAGEMENT & SAFETY

7-1	Are incident reports completed and kept for every injury?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-2	Is protective eyewear recommended or provided, especially for drills and ball machines?	☐ Yes ☐ No
IF YES, EXPLAIN		
7-3	Do coaches and outside renters carry their own insurance and name the club?	☐ Yes ☐ No
IF YES, EXPLAIN		

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE