

# Application For Swimming Pools - Beaches

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2.  Individual  Corporation  Partnership  Other (Explain) \_\_\_\_\_

3. Address of pool or beach (If same as above, write "same")  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date Established: \_\_\_\_\_

5. List full names of individuals or partners and their interests.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

7. During the past (5) five years, have any claims been presented to your current or prior insurance carrier? Give full details; include description of claim, amount paid and reserves. (Add page if needed) \_\_\_\_\_  Yes  No

8. Is applicant, or any other person aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) \_\_\_\_\_  Yes  No

9. Has applicant, or any other person had any application for liability insurance denied, policy cancelled or policy not renewed in past (3) years? If yes, provide full details below or add a page. \_\_\_\_\_  Yes  No

10. Number of years applicant has been operating pool or beach \_\_\_\_\_

11. Membership only?  Yes  No      Number of members \_\_\_\_\_  
 Open to the public?  Yes  No

12. Any ocean exposure?  Yes  No

13. What is the operation season of the pool or beach?      From \_\_\_\_\_ To \_\_\_\_\_

14. Hours of operation? Daily \_\_\_\_\_ Weekend \_\_\_\_\_

15. The pool is  Indoors  Outdoors

16. Is pool fenced?  Yes  No Height of fence \_\_\_\_\_ feet.  
Is pool locked when not in use?  Yes  No

17. Size of pool: Length \_\_\_\_\_ Width \_\_\_\_\_ Location of depth markings \_\_\_\_\_  
Depth: Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

18. Number of diving boards \_\_\_\_\_ Height of boards \_\_\_\_\_  
Number of slides \_\_\_\_\_ Height of slides \_\_\_\_\_  
Number of lifeguards \_\_\_\_\_ Hrs. Lifeguards on duty \_\_\_\_\_

19. Any rental of:  Beach Chairs  Jet skis  Umbrellas  Boats  Other

20. Annual receipts: \$ \_\_\_\_\_ Admissions \_\_\_\_\_

21. Name and phone number of person to contact for inspection. (Please note: Inspections are mandatory)  
Name \_\_\_\_\_ Phone \_\_\_\_\_

22. Please provide details of work performed by independent contractors. Add page if more space needed.

23. Who is responsible for pool maintenance?  Insured  Independent Contractor  
Does applicant require certificates of insurance from independent contractors showing general liability and Workers' Comp. coverage in force?  Yes  No

24. Do you assume anyone else's liability in your contracts?  Yes  No  
(If yes, attach copy of contract)

ADDITIONAL INSURED	DESCRIBE INTERESTS OF ADDITIONAL INSURED

Effective dates desired: From \_\_\_\_\_ To \_\_\_\_\_

26. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	\$ _____
Products – Completed Operations Aggregate Limit	\$ _____
Personal and Advertising Injury Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (up to \$50,000 limit available)	\$ _____ any one (1) fire
Medical Expense Limit (up to \$5,000 limit available)	\$ _____ any one (1) person
Each Professional Incident Limit (if applicable)	\$ _____

Applicant's Signature: \_\_\_\_\_

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

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

Producing Agent: \_\_\_\_\_