

MUSIC Swimming Pools or Beaches  
Supplemental Application

**NEW ENGLAND  
EXCESS EXCHANGE**



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

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1. APPLICANT INFORMATION EFFECTIVE DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO
  
  2. ADDRESS OF POOL OR BEACH  
STREET ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_
  
  3. LIST FULL NAMES OF INDIVIDUALS OR PARTNERS AND THEIR INTERESTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  4. DURING THE PAST 5 YEARS HAVE ANY CLAIMS BEEN PRESENTED  
TO YOUR CURRENT OR PRIOR INSURANCE CARRIER?  YES  NO  
IF YES, GIVE FULL DETAILS. INCLUDE DESCRIPTION OF CLAIMM, AMOUNT PAID AND RESERVES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  5. IS THE APPLICANT OR ANY OTHER PERSON AWARE OF ANY  
CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM?  YES  NO  
IF YES, PROVIDE FULL DETAILS \_\_\_\_\_  
\_\_\_\_\_
  
  6. NUMBER OF YEARS APPLICANT HAS BEEN OPERATING POOL OR BEACH \_\_\_\_\_
  
  7. MEMBERSHIP ONLY?  YES  NO # OF MEMBERS \_\_\_\_\_  
OPEN TO THE PUBLIC?  YES  NO
  
  8. ANY OCEAN EXPOSURE?  YES  NO
  
  9. WHAT IS THE OPERATION SEASON OF THE POOL OR BEACH? FROM \_\_\_\_\_ TO \_\_\_\_\_
  
  10. HOURS OF OPERATION? DAILY \_\_\_\_\_ WEEKEND \_\_\_\_\_



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- 11. THE POOL IS [ ] INDOORS [ ] OUTDOORS
12. IS POOL FENCED? [ ] YES [ ] NO HEIGHT OF FENCE \_\_\_\_\_ FEET
IS POOL LOCKED WHEN NOT IN USE? [ ] YES [ ] NO

- 13. SIZE OF POOL: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_ LOCATION OF DEPTH MARKINGS \_\_\_\_\_
DEPTH: MAXIMUM \_\_\_\_\_ MINIMUM \_\_\_\_\_

- 14. NUMBER OF DIVING BOARDS \_\_\_\_\_ HEIGHT OF BOARDS \_\_\_\_\_
NUMBER OF SLIDES \_\_\_\_\_ HEIGHT OF SLIDES \_\_\_\_\_
NUMBER OF LIFEGUARDS \_\_\_\_\_ HRS. OF LIFEGUARDS ON DUTY \_\_\_\_\_

- 15. ANY RENTAL OF [ ] BEACH CHAIRS [ ] JET SKIS [ ] UMBRELLAS [ ] BOATS [ ] OTHER
ANY OTHER PRODUCTS SOLD? [ ] YES [ ] NO
IF YES, DESCRIBE \_\_\_\_\_

ANNUAL RECEIPTS \$\_\_\_\_\_ ADMISSIONS \_\_\_\_\_

- 16. PLEASE PROVIDE DETAILS OF WORK PERFORMED BY INDEPENDENT CONTRACTORS. ADD PAGE IF MORE SPACE NEEDED.

- 17. WHO IS RESPONSIBLE FOR POOL MAINTENANCE? [ ] INSURED [ ] INDEPENDENT CONTRACTOR
DOES THE APPLICANT REQUIRE CERTIFICATES OF INSURANCE FROM INDEPENDENT CONTRACTORS SHOWING GENERAL LIABILITY AND WORKER'S COMPENSATION COVERAGE AT EQUAL OR GREATER LIMITS? [ ] YES [ ] NO

- 18. DO YOU ASSUME ANYONE ELSE'S LIABILITY IN YOUR CONTRACTS? [ ] YES [ ] NO
IF YES, ATTACH COPY OF CONTRACT.

19.

Table with 2 columns: ADDITIONAL INSURED, DESCRIBE INTERESTS OF ADDITIONAL INSURED



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I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I understand that this is an application for insurance only and that the completion and submission of this application does not bind coverage with any insurance company.

20. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

21. PRODUCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_