

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Swimming Pools/Beaches – Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name: _____ **Date:** _____
Location: _____

Please complete this section for swimming pools, spas, whirlpools and saunas

Type of Equipment	Number of Units	Indoor or Outdoor	Depth	
			Maximum	Minimum
Above Ground Swimming Pool				
Below Ground Swimming Pool				
Lap Pool				
Spa (air jetted)				
Whirlpool (water jetted)				
Sauna				

1. Does the applicant's facility meet the Federal Swimming Pool and Spa Drain Cover Standard as outlined in the Virginia Graeme Baker Pool and Spa Safety Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are rules posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are warnings posted regarding use as required by law, regulation, ordinance, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is lifesaving equipment available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is a telephone or radio device available in the pool area for use in event of an emergency as required by law, regulation, ordinance, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is first aid equipment available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. What is the maximum occupancy of the pool?	_____	
8. Ratio of swimmers to staff:	_____ to _____	
9. Are lifeguards on duty during pool hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Number of lifeguards on duty during pool hours:	_____	
11. Are non-slip surfaces used in all pool areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are non-slip surfaces in all locker, shower and sauna areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
13. Do saunas have an emergency shutoff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
14. Are whirlpool emergency shutoffs in the same area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
15. Are pools kept full of water all year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

16. Are pools heated and used all year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
17. Does a fence enclose the entire pool facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: a.) Do all gates have a positive latching safety mechanism to limit pool access? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A b.) Is the fence kept locked when not in use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A b.) Who has access to keys or where are keys kept?
18. Is there a diving board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: a.) Height of diving board? _____ b.) How deep is the water where the diving board is located? _____
19. Are there diving restrictions? (If yes, please explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is there a slide? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how deep is the water where the slide is located? _____

Please complete this section for swimming/bathing beaches	
21. Number of lifeguards on duty while the beach is open:	_____
22. Ratio of swimmers to staff.	_____ to _____
23. Is there a designated swimming area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are ropes in place to designate/separate shallow swim areas from deep areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Is this area clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How?	
26. Is there a diving platform?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how deep is the water where the diving platform is located?	_____
27. Is there a slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how deep is the water where the slide is located?	_____
28. Are swimmers required to pass a swimming test in order to enter deep water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. How does staff monitor swimmers to assure that they remain in a depth that is within their ability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Are rules posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are warnings posted regarding use as required by law, regulation, ordinance, etc.?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is lifesaving equipment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. Is a telephone or radio device available in the swimming/beach area for use in event of an emergency as required by law, regulation, ordinance, etc.? Yes No

34. Is first aid equipment available? Yes No

Additional Comments: (attach additional sheet(s) if necessary)

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

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 know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date