

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

1. Type of operations: Hotel/Motel Apartment Swim Club
 Other:

2. Public use of pool? Yes No If yes, is fee or admission charged? Yes No
3. Hours of operation:

4. Does the club/pool have a swim team? Yes No
 If yes, number of meets held on premises:

SWIMMING POOLS (A photo must be attached)

1. Type of pool (check all that apply): Indoor Outdoor In Ground Above Ground
 Type of above ground pool:

2. Is the pool equipped with any of the following: Diving Boards Water Slides
3. Describe other recreational equipment:

4. Does the pool have:

	Yes	No
a. Handrails	<input type="checkbox"/>	<input type="checkbox"/>
b. Slip resistive surface	<input type="checkbox"/>	<input type="checkbox"/>
c. A rope and float line separating the shallow from the deep end	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all stairs leading into the pool have at least one handrail and all ladders at least two handrails? Yes No
6. Are depth measurements plainly and conspicuously marked at or above the waterline? Yes No
7. Are depth markers located on the top or edging of the deck? (min: 4" numbering) Yes No
8. Are minimum and maximum depths and all points of slope change marked? Yes No
9. Is the following safety equipment conspicuously and conveniently on hand at all times:

a. A light, strong pole not less than 12 feet long, including a body hook?	<input type="checkbox"/>	<input type="checkbox"/>
b. A minimum ¼" throwing rope at least 50 feet long attached to a 15" ring buoy?	<input type="checkbox"/>	<input type="checkbox"/>
c. A telephone with 911 conspicuously listed?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the perimeter of the pool completely protected by a fence which is at least 4' in height? Yes No
11. Are all gates self-closing and have self-latching mechanisms at least 45" above the ground? Yes No
12. Are all walking surfaces slip resistant? Yes No
13. Are all electrical outlets within 15 feet of the pool equipped with ground fault interrupters? Yes No
14. Are the pool rules posted? Yes No
15. Are under-age children allowed pool access without a parent? Yes No
16. Minimum age for pool access without a parent: _____
17. Is a CPR-trained individual on duty at all times when pool is open? Yes No
18. Is the pool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

LAKES OR BEACHES

1. Describe lake or beach area (size of lake, depth of swimming area, etc.):

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Is the designated swimming area roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any diving platforms, slides or other recreational equipment?
If yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Are there any docks, piers or other structures in the water? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are signs posted "No Diving" or warning of hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are paddleboats, canoes, rowboats, jet skis, motorboats, or other water equipment rented?
If yes, provide details of rental and copy of rental agreement: | <input type="checkbox"/> | <input type="checkbox"/> |
| <hr/> | | |
| 7. Is fishing, waterskiing, or other activities allowed on the lake? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. During the non-swimming season, are other activities conducted on the lake or premises (i.e. ice fishing, ice skating, snowmobiling, etc.)?
If yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |

LIFEGUARDS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are lifeguards present during operating hours?
If yes, indicate number of lifeguards to swimmer ratio: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are lifeguards American Red Cross (or equivalent) certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is certification current? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is a certificate of insurance obtained from the pool owners? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lifeguards are: <input type="checkbox"/> Employees of the insured <input type="checkbox"/> Subcontractors
If subcontractors, are Certificates of Insurance obtained with Additional Insured status? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are swimmers allowed in the pool while the pool is being serviced? | <input type="checkbox"/> | <input type="checkbox"/> |

JACUZZI OR WHIRLPOOL

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is there a Jacuzzi or whirlpool? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is Jacuzzi or whirlpool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are signs posted for usage of Jacuzzi or whirlpool? | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		