

## APPLICATION FOR SWIMMING POOLS BEACHES

			City		State	_Zip_	
Individual	Corporation	Partnership	Other (Explain)				
			te "same")	4. Date I	Established: _		
Dity		_ State	Zip				
ist full names of	individuals or	partners and the	ir interests.				
Please provide p	rior insurance	information. If no	ne, check here	1		- 0-	T 4
Insurance C	Company	Policy Period	Limits of Liability	Premium	Occurrence Claims Ma		Type of Coverage
							coronage
			een presented to you			Υe	es No
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Hours of operation?	Daily		Weeken	<b>-</b>			
The pool is	Indoors	Outdoors					
Is pool fenced? Is pool locked when	Yes No not in use? Yes	Height of fenc	e		feet.		
Size of pool: Depth:	Length Maximum			Location	of depth r	markings	
Number of diving bo Number of slides Number of lifeguard		Height of s					
Any rental of:	Beach Chairs	Jet skis	Umbrellas	Boats	Other		
Annual receipts:	\$	Admission	IS				
· ·	umber of person to co				ections are		
Please provide deta	ils of work performed	by independent	contractors. A	dd page i	f more spa	ace need	ed.
Does applicant requirements contractors showing  Do you assume any	for pool maintenance' ire certificates of insu general liability and \ one else's liability in y	rance from indep Workers' Comp.	pendent .	endent Co	ontractor		′es ′es
Does applicant required contractors showing  Do you assume any (If yes, attach copy of	ire certificates of insugeneral liability and to one else's liability in yof contract)	rance from inder Workers' Comp. our contracts?	bendent coverage in fo	rce?		١	'es
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Does applicant required contractors showing  Do you assume any (If yes, attach copy of ADDIT  Effective dates desired to the complete of the c	ire certificates of insurageneral liability and None else's liability in yof contract)  TONAL INSUREDS  TONAL	rance from inder Workers' Comp.  vour contracts?  DE  ducts – Complete gate Limit  vailable) t available) cable)	Toed Operations)	RESTS (	OF ADDIT	any one any one	es ISUR (1) fir (1) pe