



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)

25. 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: \_\_\_\_\_