

MUSIC Swimming Pools or Beaches
Supplemental Application



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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.

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: _____