



Application  
For  
**Swimming Pools - Beaches**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Individual Corporation Partnership Other (Explain) \_\_\_\_\_

3. Address of pool or beach (If same as above, write "same") \_\_\_\_\_ 4. Date Established: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. List full names of individuals or partners and their interests.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Please provide prior insurance information. If none, check here

Insurance Company	Policy Period	Limits of Liability	Premium	Occurrence Or Claims Made	Type of Coverage

7. During the past (5) five years, have any claims been presented to your current or prior insurance carrier? Give full details; include description of claim, amount paid and reserves. (Add page if needed) \_\_\_\_\_ Yes No

8. Is applicant, or any other person aware of any circumstances which may result in a claim? If yes, provide full details. (Add page if needed) \_\_\_\_\_ Yes No

9. Has applicant, or any other person had any application for liability insurance denied, policy cancelled or policy not renewed in past (3) years? If yes, provide full details below or add a page. \_\_\_\_\_ Yes No

10. Number of years applicant has been operating pool or beach \_\_\_\_\_

11. Membership only? Yes No Number of members \_\_\_\_\_  
 Open to the public? Yes No

12. Any ocean exposure? Yes No

13. What is the operation season of the pool or beach? From \_\_\_\_\_ To \_\_\_\_\_

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. What is the age of the pool? \_\_\_\_\_  
 Number of pool drains per pool? \_\_\_\_\_  
 Do all pool drains and grates have covers that cannot be removed without the use of a tool?                      Yes      No

19. Does pool comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act?                      Yes      No  
 Drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate?                      Yes      No  
 Pool has an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain?                      Yes      No  
 Are dual or multiple drains at least three (3) feet apart?                      Yes      No

20. Number of diving boards                      \_\_\_\_\_                      Height of boards                      \_\_\_\_\_  
 Number of slides                      \_\_\_\_\_                      Height of slides                      \_\_\_\_\_  
 Number of lifeguards                      \_\_\_\_\_                      Hrs. Lifeguards on duty                      \_\_\_\_\_

21. Any rental of:                      Beach Chairs                      Jet skis                      Umbrellas                      Boats                      Other

22. Annual sales:                      \$ \_\_\_\_\_                      Admissions \_\_\_\_\_

23. Name and phone number of person to contact for inspection. (Please note: Inspections are mandatory)  
 Name \_\_\_\_\_                      Phone \_\_\_\_\_

24. Please provide details of work performed by independent contractors. Add page if more space needed.

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25. 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

26. Do you assume anyone else's liability in your contracts?                      Yes      No  
 (If yes, attach copy of contract)

27.

ADDITIONAL INSURED	DESCRIBE INTERESTS OF ADDITIONAL INSURED

Effective Dates Desired:      From \_\_\_\_\_                      To \_\_\_\_\_

28. LIMITS OF INSURANCE REQUESTED:  
 General Aggregate Limit (Other than Products-Completed Operations)                      \$ \_\_\_\_\_  
 Products-Completed Operations Aggregate Limit                      \$ \_\_\_\_\_  
 Personal and Advertising Injury Limit                      \$ \_\_\_\_\_                      any one person or organization  
 Each Occurrence Limit                      \$ \_\_\_\_\_  
 Damage to Premises Rented to You (up to \$50,000 limit available)                      \$ \_\_\_\_\_                      any one premise  
 Medical Expense Limit (up to \$5,000 limit available)                      \$ \_\_\_\_\_                      any one person  
 Each Professional Incident Limit (if applicable)                      \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Title: \_\_\_\_\_                      Producing Agent: \_\_\_\_\_