

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

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")
 Street Address _____
 City _____ State _____ Zip _____

4. Date Established: _____

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
 Does pool have a safety vacuum cutoff? Yes No
 Has pool been fitted with anti-vortex drain covers? Yes No

19. Number of diving boards _____ Height of boards _____
 Number of slides _____ Height of slides _____
 Number of lifeguards _____ Hrs. Lifeguards on duty _____

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

21. Annual sales: \$ _____ Admissions _____

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

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

24. 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

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

ADDITIONAL INSURED	DESCRIBE INTERESTS OF ADDITIONAL INSURED

Effective Dates Desired: From _____ To _____

27. 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: _____