



q. Swimming pools?  Yes  No If yes:  
 total # of pools? \_\_\_\_\_ # of lap pools? \_\_\_\_\_ # of wading pools? \_\_\_\_\_  
 # of pools (other than lap or wading pools)? \_\_\_\_\_  
 Unsupervised swimming by children under the age of 16?  Yes  No  
 Any unsupervised swimming by people age 16 or older?  Yes  No  
 Are all pools equipped with shepherd's hooks?  Yes  No  
 Are all pools, spas & wading pools completely fenced?  Yes  No If yes height of fence \_\_\_\_\_  
 Is all fencing equipped with self-closing and self-locking gates?  Yes  No  
 Any diving boards over 1 meter?  Yes  No If yes, explain: \_\_\_\_\_

8. Does applicant own, operate any streets or roads?  Yes  No If yes, # of miles? \_\_\_\_\_  
 Are any used by public as through streets?  Yes  No Maximum posted speed limit? \_\_\_\_\_  
 9. Does applicant own, operate or maintain any lakes?  Yes  No If yes, # & acreage of each? \_\_\_\_\_

Any dams?  Yes  No If yes, provide dam inspection report and pictures of dam (include downstream exposure).

Any boat docks?  Yes  No If yes, give total # of boat slips? \_\_\_\_\_

Are power boats allowed on lake?  Yes  No

10. Any club houses?  Yes  No If yes, give total square footage: \_\_\_\_\_

11. Does applicant sponsor:

a. Swim Teams?  Yes  No If yes, #? \_\_\_\_\_

b. Swimming contests?  Yes  No If yes, total # of days? \_\_\_\_\_

12. Any security guards (employees of assn)?  Yes  No If yes, need payroll for:  
 \_\_\_\_\_ armed guards, \_\_\_\_\_ unarmed guards.

13. Does applicant own or operate:

a. Electric utility?  Yes  No

b. Gas utility?  Yes  No

c. Sewer utility?  Yes  No

d. Water utility?  Yes  No

e. Refuse or garbage dumps (or landfill)?  Yes  No

f. Garbage or refuse collection?  Yes  No

14. Remarks:

---



---



---

The applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a deceptive statement is guilty of insurance fraud.**

Applicant: \_\_\_\_\_

Producer: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_