

- 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") _____ 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. 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)

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: _____