



Western Heritage
Insurance Company

11. Play equipment and facilities (continued):

Life safety equipment at poolside? Yes No

Pool area fenced with self-latching gate? Yes No

Is one of the attendants a certified lifeguard or CPR certified? Yes No

Any natural bodies of water (lakes, rivers, streams, etc.) on property? Yes No

Ratio of attendants to children while swimming? _____ to _____

Other (describe): _____

12. Describe how injuries and illnesses are handled: _____

13. Any special classes taught? Yes No

If yes, please describe: _____

14. Please describe the nature of any field trips (number of trips, who transports, etc.): _____

15. Please attach a copy of the enrollment form, medical release, hold-harmless, etc. used.

Any medication dispensed? Yes No

If yes, please describe: _____

16. Does applicant have an accident and health policy covering students? Yes No

Carrier _____ Policy Number _____ Policy Term _____

17. Are children released only to custodial parent or guardian? Yes No

If no, describe authorization procedure: _____

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)