



SPECIALTY LODGING PROGRAM AQUATICS SUPPLEMENT

P.O. Box 3870, Glen Allen, VA 23058-3870 (800) 431-1270 Fax (804) 527-7966

(To be attached to ACORD applications) Please complete a separate application for each location

NAMED INSURED: _____

- 1. Is the swimming facility (check all that apply): Pool Lake Ocean Other
2. Is it (check all that apply): On premises Above Ground Below Ground Indoor Outdoor
3. Is the facility staffed with lifeguards certified for the appropriate water activity (pool, waterfront, shallow water)?
4. Do you have the following safety equipment at the waterfront? Check all that apply.
5. Is there a diving board?
6. Is there a water slide?
7. Do you have water structures like water trampolines, blobs, inflatable platforms, etc?
8. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked?
9. Are pool depths marked?
10. What is the maximum depth of water?
11. If pool is outdoors, is it completely fenced with at least a 4 foot fence?

- 12. Are gates locked when pool is not in use? Yes No
- 13. Are all chemicals kept in a dry, ventilated, locked storage area? Yes No
- 14. Does the facility meet the Dept. of Environmental Resources standards for water quality, including testing and cleaning frequency? Yes No
- 15. Do you have specific guidelines regarding closing the pool or leaving the facility due to water quality, visibility, weather or contamination? Yes No
- 16. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
- 17. Are facility rules posted? Yes No
- 18. If lifeguards are not provided, are "Swim at your own risk" signs posted? Yes No
- 19. Do the rules meet all state and local regulations? Yes No
- 20. Do you loan or rent the pool to outside groups or individuals? Yes No
 - a. If yes, do you require them to sign a hold harmless agreement in your favor? Yes No
 - b. Do you require a certificate of insurance & additional insured status on their policy? Yes No
 - c. Do you provide the lifeguards? Yes No

Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer-reporting agency that furnished the report.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance 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 the person to criminal and [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____