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Application
For
Swimming Pool Maintenance & Lifeguard Services

1. Name of Applicant _____
   Street Address _____
   City _____ State _____ Zip _____
   Applicant's Web Site Address _____

2. Type of Organization ☐ Individual ☐ Partnership ☐ Corporation
   ☐ Other (Please explain.) _____

3. Date Established _____ Years in Business _____

4. Name of Contact Person for Inspection _____
   Telephone Number _____

5. Has the applicant had prior insurance for this enterprise? *(If yes, please complete the following.)* ☐ Yes ☐ No

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

6. During the past **five (5) years**, have any claims been presented to your current or prior insurance carrier(s)? *If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A99*. ☐ Yes ☐ No

7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? *If yes, please provide full details on Attachment to A99*. ☐ Yes ☐ No

8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? *If yes, please provide full details on Attachment to A99*. ☐ Yes ☐ No

9. Attach currently/valued Loss Runs (five (5) years).

10. If lifeguards are provided complete the following:
    a. Number of lifeguards _____ Number of pools guarded _____
    b. Are lifeguards required to have CPR or American Red Cross Lifesaving Certification? ☐ Yes ☐ No
       Is Certification current? ☐ Yes ☐ No
    c. Are background checks performed on lifeguards? ☐ Yes ☐ No
    d. What is the age requirement of lifeguards? _____
    e. Are lifeguards present during all operating hours? ☐ Yes ☐ No
    f. Hours the pools are opened: _____ Daily _____ Weekends
    g. Is there a Lifesaving Emergency Plan in place by the Applicant? (If yes, attach a copy.) ☐ Yes ☐ No
    h. Are all lifeguarded pools fenced and equipped with self-locking gates? ☐ Yes ☐ No
       If not explain? _____

10. If lifeguards are provided complete the following: *(continued)*
    i. Is the "lifesaving equipment" maintained by the client or is the applicant required to maintain? ☐ Yes ☐ No
       Explain: _____
    j. Are all pools required to have rules posted? ☐ Yes ☐ No
       If not explain? _____
    k. Any clients with wave pools, pools with slides or diving boards/platforms in excess of ten (10) feet? ☐ Yes ☐ No
    l. Is any training and/or certification done by the Insured? ☐ Yes ☐ No

11. Type of clients serviced: ☐ Municipal Pools ☐ Lakes/Ponds ☐ Condo/HOA ☐ Hotels/Motels ☐ Private Clubs ☐ Ocean Beaches ☐ Apartments ☐ Water Amusement Parks/ Wave Pools

12. COMPLETE THE FOLLOWING:
    a. Number of pools serviced ***without*** lifeguards. [Chemical maintenance, cleaning, filter replacement – NO major repairs, no draining or winterizing.] # of Pools _____ Payroll $_____
    b. Number of pools serviced ***with*** lifeguards. [Chemical maintenance, cleaning, filter replacement – NO major repairs, no draining or winterizing.] # of Pools/Lifeguards _____/_____ Payroll $_____
    c. Number of pools lifeguarded only. # of Pools/Lifeguards _____/_____
    d. Swimming pools repair work. [Minor work only including winterizing; Minor surface repairs – NO full resurfacing, broken tile replacement, minor electrical, minor decking and coping repairs.] Payroll $_____
       Describe winterizing work: _____

13. Gross sales anticipated for this policy period: $_____

14. Subcontracted work – Labor and materials; Include cost of all materials provided by you, as sub, an owner or a bank.
    Total Cost $ _____ (Confirm Certificates of Insurance are obtained.)

15. 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	$ _____	
Damage to Premises Rented by You	$ _____	Any One (1) Premises
Medical Expense Limit	$ _____	Any One (1) Person
Each Professional Incident Limit (If Applicable)	$ _____	

16. Effective Dates Desired – From: _____ To: _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

Application For **Swimming Pool Maintenance & Lifeguard Services** *Attachment to A99*

Name of Applicant _____

#	Description or Full Details