

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: _____