



**Lifeguard Services, Swimming Pool
Management & Servicing
General Liability Supplemental Application**
(Complete in addition to ACORD)

1. Name of Applicant: _____

Website Address: _____

GENERAL

2. Check all operations that apply:

- Lifeguard Services Swimming Pool or Lake Management
- Swimming Pool Servicing-routine maintenance of swimming pools, such as cleaning filters, vacuuming and maintaining proper pH level, but not involved in major repair work
- Swimming Pool Repair – no major repair Swimming Pool Repair – major repair work
- Swimming Pool Installation
- Other (describe): _____

3. Type of Clients serviced (check all that apply):

- Apartments Condominiums/Homeowners Associations Gym Clubs Health Clubs
- Hotels/Motels Lakes/Ponds Municipal Pools Ocean Beaches
- Private Homeowners Swim Clubs Water Amusement Parks/Wave Pools
- Other: _____

4. Number of years you have been operating: _____

5. Annual Gross Sales: \$ _____

6. Please list Payroll Totals as follows:

TYPE OF WORK	NUMBER OF EMPLOYEES	PAYROLL	NO. OF POOLS
Pool Servicing		\$	
Lifeguard Services		\$	
Management – Pools or Lakes		\$	
Other (describe):		\$	
Total Number of Employees:		Total Annual Employee Payroll:	
		\$	
Number of owners: _____ x State Payroll Limitation		Total Owner Payroll:	
\$ _____ =		\$	
Grand Total Annual Payroll:		\$	

7. Do you use subcontractors? Yes No

If yes, please answer questions 8. through 14.

8. Describe subcontracted work: _____

9. Annual subcontracted cost (labor and materials): \$ _____

10. Do all subcontractors provide Certificates of General Liability Insurance? Yes No

11. What General Liability limits do you require of your subcontractors? \$ _____ / _____

12. Are you an additional insured on all certificates received from subcontractors? Yes No

13. Is a favorable "hold harmless" agreement part of your contract with subcontractors? Yes No

14. How long are certificates kept? _____

42. Does your hiring procedure include background checks of all potential employees? Yes No
 If yes, provide a list of the type of background checks utilized. If no, please explain: _____
-
43. Are lifeguards present during all operating hours? Yes No
44. Is a separate lifeguard always stationed at each diving board and each slide? Yes No
45. Do lifeguards have whistles and bullhorns so that emergency instructions can be heard by all? Yes No
46. Have all employees been trained in how to handle a fecal emergency response? Yes No
47. Is there a Lifesaving Emergency Plan in place? Yes No
48. Do you require all pools to be equipped with adequate life-saving equipment before you agree to provide lifeguard services? Yes No
49. Is the life-saving equipment maintained as required by law or ordinance? Yes No

Explain: _____

50. Are all pools required to have rules posted? Yes No
51. Are "No Swimming Allowed" signs posted during times when swimming is not permitted? Yes No
52. Do the pools being guarded have child age requirements in place for children left unaccompanied by a parent or adult guardian? Yes No
53. Do you have any clients with wave pools, pools with slides or diving boards/platforms in excess of ten (10) feet? Yes No
54. If lifeguarding at a lake, is the swimming area clearly marked by rope and buoys, and segregated from boating areas? Yes No
55. If only one lifeguard is present, is he/she also responsible for monitoring, checking, selling or dispensing membership ID cards or badges? Yes No

FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 56. THROUGH 60.

\$25,000/\$50,000 limit is included at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage is not desired, please check here: Coverage is NOT requested.

56. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No

If yes, please provide details: _____

57. Has any facility that you have been associated with in the past ever had any incidents occur or claims for sexual molestation or any other allegation of misconduct brought against it while you were there? Yes No

If yes, please provide details: _____

58. Does your facility perform background checks on all employees and volunteers? Yes No

Describe type of checks performed (prior employer, police, sex offender registry, etc.): _____

59. Are there written guidelines in place regarding sexual misconduct? Yes No

If NO, please explain: _____

60. Please check the limits you are requesting:

\$25,000/50,000 (Included) \$50,000/100,000 \$100,000/200,000 \$300,000/300,000

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

Applicant's Signature

Date

Title

Producing Agent