

S.I.U. LLC 700 N. Brand Blvd., Suite 300 Glendale, CA 91203	SWIMMING POOL SUPPLEMENTAL (TO BE USED AS A SUPPLEMENT TO AN ACORD APPLICATION)	P (818) 547-1333 F (818) 547-9003 License: 0C79819
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Answer all questions – if they do not apply, indicate not applicable (NA)

Applicant's Name:

Property Locations:

Location Name, Street Address, City, County, State, Zip Code

1. Is the swimming pool operated privately or commercially? Privately Commercially

2. Location Number:

3. Diving Boards? Yes No If yes, height above water level:

Waterslides? Yes No

Underwater Lighting? Yes No

4. Steps into shallow end with handrails? Yes No

5. Is the pool area completely surrounded by building walls or fence? Yes No If yes, height:

6. Are all gates or door openings into the pool area equipped with a self-closing and/or self-latching device?

Yes No If yes, what height are they?

7. Are the depth markings clearly shown on pool? Yes No

8. Are warning signs and rules posted and clearly visible? Yes No

9. Is rescue equipment, including a ring buoy and 12-foot pole or shepherd's hook available at poolside?

Yes No

10. Is the pool maintained by applicant or outside contractor? Applicant Outside Contractor

If outside contractor, does applicant maintain certificates of insurance naming applicant as an additional insured? Yes No

11. Are lifeguards provided? Yes No If so, are lifeguards provided by applicant or outside pool management company? Applicant Pool Management Company.

If pool the management company provides the Lifeguard, then does the applicant maintain certificates of insurance naming applicant as an additional insured? Yes No

12. Is there a pool house or clubhouse used? Yes No If so, please advise maximum capacity at any one time.

Hours of Operations?

Is alcohol allowed on premises? Yes No

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13. Is security provided? Yes No If so, please advise what type?

If patrol type:

Are they? Armed Unarmed

Days of week?

24 hour security? Yes No

Independent contractor or employee?

If independent contractor, does applicant maintain certificates of insurance naming applicant as an additional insured? Yes No

If employee, what is annual payroll?

If gated:

How is access obtained?

Who is given access?

14. Are there any sponsored contests or sporting events? Yes No

If so, please provide details:

Are there any athletic participants? Yes No If so, please provide number:

Are there any other recreational exposures? Yes No If so, please explain:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

WARNING: California law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization, even if not specifically asked for on this application. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely. **I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.**

Signature of Applicant* _____ Date _____

Name and Title* _____

* Must be owner, executive officer, or partner