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## Water Activities Supplement

Applicant's Name:			Date:
Mailing Address:	City:	State:	Zip:

1. Number of pools on premises: \_\_\_\_\_  None
2. Is the depth of the pool marked? Minimum depth: \_\_\_\_\_ Maximum depth: \_\_\_\_\_  Yes  No
3. a. Is pool fenced?  Yes  No Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_ feet
- b. Does the pool have self-locking gates?  Yes  No
4. Are there water slides? Height: \_\_\_\_\_ Length: \_\_\_\_\_  Yes  No
5. Are there diving boards or platforms? Height: \_\_\_\_\_  Yes  No
6. Does the pool have a certified lifeguard?  Yes  No
7. Are your swimming facilities open to the general public?  Yes  No
8. a. Is there a hot tub?  Yes  No
- b. Is the hot tub:  accessible or  non-accessible and  attended or  non-attended?
- c. Does the pool / hot tub have lifesaving equipment including shepherd's hook, rings and buoys?  Yes  No
9. Are warning signs / pool rules posted by the:  pool and/or  hot tub?  Yes  No
10. Is there a working phone available near hot tub / pool in case of emergency?  Yes  No
11. Are children allowed to go to the:  pool and/or  hot tub unsupervised?  Yes  No
12. How often is the chlorine tested in the pool: \_\_\_\_\_ In the hot tub: \_\_\_\_\_
13. a. Is physical damage desired for pool?  Yes  No
- b. If yes, indicate value: \$ \_\_\_\_\_ and  Basic;  Broad; or  Special
- c. Age of pool: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ Ft. Condition: \_\_\_\_\_
- d. What is the type of pool:  Above Ground or  In-Ground and  Gunnite  Vinyl-lined or  Fiberglass
14. Number of ponds: \_\_\_\_\_; lakes: \_\_\_\_\_; rivers: \_\_\_\_\_ on premises.  None
15. Is a trained employee available for any water emergencies?  Yes  No
16. Does your facility provide:  Water Blobs  Water Trampolines  Jet Ski / Personal Watercraft  Water Skiing

**This supplement must be approved by Markel Insurance Company prior to coverage being bound.  
 This supplement becomes part of your application and must be signed and dated.**

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Agent's Signature Date

\_\_\_\_\_  
 Agency Name:

\_\_\_\_\_  
 Agency Phone Number: