



[Commercial Lines]

SWIMMING LIABILITY SUPPLEMENT



canSURE

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PART 1 GENERAL INFORMATION

Broker: _____ Tel: _____

Broker Contact: _____ Email: _____

Name of Insured (Full Legal Name): _____

LOC #: _____ Legal Address: _____

Postal Code: _____

Description of the Swimming Facility:

Are your swimming facilities open to the general public? Yes No

Are life rings or buoys provided and within easy access? Yes No

Is there a Life Guard on duty at ALL times the facility is open for use? Yes No

Are facility rules clearly posted? Yes No

Are trained employees available for emergencies? Yes No If "yes", list certification(s): _____

Do you have a diving board? Yes No Do you have a water slide? Yes No

What is the height and length of the water slide? Feet OR Metres

Do you provide any additional water sports at your facility? Yes No If "Yes". Describe below: _____

Is the facility within a fenced area? Yes No Is there a locking gate? Yes No

If the facility is a swimming pool, is the depth of the pool clearly marked? Yes No

Is a log or journal kept to record any incidences? Yes No

(Details in a log book may identify who witnessed the incident, who was working, what happened, etc.)

Please provide a layout diagram of the swimming facility including any safety equipment, fencing, gates, diving boards, water slides or other related equipment.

NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
 - a) Gives false or erroneous information to the prejudice of the insurer, or
 - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE, I AM AUTHORIZED TO CONTRACT ON BEHALF OF THE INSURED, AND I APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THESE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

Applicant's Signature: _____ Position: _____

Please print name: _____ Date: _____