

BRIM WATER FRONT ACTIVITIES SUPPLEMENT

Name of Insured: _____

Effective Dates of Coverage: _____

Swimming Pools, Beaches, Lakes, Reservoirs, etc.

1. Type of Exposure:

Pool Pond Reservoir River Other
 Beach Lake Ocean Stream

Name and location of Exposure: _____

2. Square footage/Frontage/Size: _____

3. Identify all activities:

Boating Fishing Jet Skiing
 Swimming Water Skiing Ice Skating Other

Please describe other: _____

If swimming is allowed, please complete the following questions:

Are lifeguards provided? Yes No
How many lifeguards? Yes No
Are lifeguards certified? Yes No
Is boating permitted near the swimming area? Yes No
Is diving permitted? Yes No
Is diving supervised? Yes No
Depth of water _____

4. Describe maintenance and repair of facilities: _____

5. Explain additional controls and safety features: _____

6. Days and hours of operation: _____

7. What measures, if any, are used to eliminate or discourage after hours accessibility?
