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?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________