

1712 Magnavox Way P.O. Box 2338 Fort Wayne, Indiana 46801 (800) 441-3994 Fax (260) 459-5120 www.kandkinsurance.com CA #0334819

HOT TUB LIABILITY QUESTIONNAIRE

Na	med Insured:
	ntact Name:
Loc	cation of Premises:
1.	How often is the water changed?
2.	How often is the chlorine level checked?
3.	Who uses the chemicals? Are they trained? □ Yes □ No
	Are the chemicals purchased in bulk? Yes No How much is stored on premises?
5.	
6.	How is the hot tub sectioned off from the bleacher/spectator area?
7.	How is access controlled and supervised during the game and at all other times?
8.	How are slip and fall hazards controlled?
9.	What type of surface does the hot tub rest on?
10.	Is the hot tub a safe distance from electrical hazards?
11.	Who installed the hot tub? Licensed contractors? □ Yes □ No
12.	How are individuals using the hot tub protected from baseballs entering the area?
13.	Are minors permitted in hot tub if accompanied by an adult? Yes No If permitted, what is the minimum age?
14.	What are the maximum number and average number of patrons allowed at one time in the hot tub (capacity)?
15.	Are patrons required to sign a waiver/release prior to being permitted to enter the hot tub? Yes No
info	nderstand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the prmation contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, he best of my knowledge, all information provided is complete, true and correct.
App	plicant's Signature (if applicable)
App	plicant's Name (print) Producer's Name (print)
	e (MM/DD/YY) Date (MM/DD/YY)