



**SWIMMING POOL SUPPLEMENT**

(Include Acord application)

**APPLICANT INFORMATION:**

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

**POOL**

1. Dimensions: \_\_\_\_\_ Depth: Min \_\_\_\_\_ Max \_\_\_\_\_ Hours of operation: From \_\_\_\_\_ To \_\_\_\_\_
2. Operating months: From \_\_\_\_\_ To \_\_\_\_\_ Lifeguard to swimmer ratio: \_\_\_\_\_ to \_\_\_\_\_
3. Are depth markers clearly visible above water line?  Yes  No
4. Is the shallow end of the pool roped off?  Yes  No
5. Are "No Running" signs posted?  Yes  No
6. Are rules of pool posted? (please attach copy)  Yes  No
7. Is fence locked when pool is not in use?  Yes  No
8. Is pool fenced with self-locking gate?  Yes  No
9. Is fence locked when lifeguard is not present?  Yes  No
10. Height of fence: \_\_\_\_\_
11. Are diving boards or diving platforms present?  Yes  No  
 If yes, how many: \_\_\_\_\_ Height: \_\_\_\_\_
12. Are glass containers permitted in pool area?  Yes  No
13. Are alcoholic beverages permitted in pool area?  Yes  No
14. Are pool passes required?  Yes  No  
 If yes, who checks the pool passes? \_\_\_\_\_
15. Are under-age children allowed pool access without a parent?  Yes  No
16. Minimum age required to be permitted into the pool area: \_\_\_\_\_
17. Are waivers of liability, signed by swimmers or parents, obtained?  Yes  No  
 (If yes, please attach a copy)
18. Is pool equipment/chemicals regularly maintained?  Yes  No

**LIFEGUARDS**

- 1. Are lifeguards present during operating hours?  Yes  No
- 2. Is certification required?  Yes  No
- 3. Are all lifeguards American Red Cross (or equivalent) certified?  Yes  No
- 4. Are supervised safety exercise drills held periodically?  
If yes, record log maintained?  Yes  No
- 5. Is a certificate of insurance obtained from pool owners?  Yes  No
- 6. Are swimmers allowed in pool while pool is being serviced?  Yes  No

**JACUZZI OR WHIRLPOOL**

- 1. Is there a Jacuzzi or Whirlpool?  Yes  No
- 2. Can temperature be adjusted by anyone?  
Maximum temperature setting: \_\_\_\_\_  Yes  No
- 3. Are filtration drains domed and/or are dual grated drains used?  Yes  No

**OTHER ISSUES**

- 1. Does the club/pool have a swim team?  
If yes, number of meets held on premises: \_\_\_\_\_  Yes  No
- 2. Is diving instruction or diving competition held at the pool?  Yes  No
- 3. Are trampolines used?  Yes  No
- 4. Is competitive diving taught?  Yes  No
- 5. Is scuba diving taught at the pool?  Yes  No

Please submit a photograph of the pool and pool area with this survey.

\_\_\_\_\_  
Pool Managers Signature

\_\_\_\_\_  
Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

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

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date