

Health Club Facility Swimming Pool Supplemental Application

I. General Information

Named Insured	DBA
Facility Address	
Website	Email
How many pools? Indoor _____ Outdoor _____	

II. Pool Information (Answer for each pool)

Year Built	Pool's Hours	What months is the pool open?
Is the patronage by children high? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a swim test conducted for each child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the pool operated independently or in connection with another operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
Is any glass permitted in pool area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are state and local regulated rules for swimming posted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction of pool: <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Other: _____		
Are pool depths markings clearly indicated on the side and in the pool?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the surface of the walkway at pool's, a non-skid material?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the following floors of non-skid material:		
Locker Rooms		<input type="checkbox"/> Yes <input type="checkbox"/> No
Showers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passageway to pool		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the pool lighted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If it is an outdoor pool, how is pool secured to keep people out when not in use and limit use to members only?		

Do all pool drains and grates have covers that cannot be removed without the use of a tool?		<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Accessories

Does the pool have a diving board?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number: _____ Height(s): _____	
Is depth of water at board(s) at least 9 feet that extends at least 16 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How is diving board(s) secured when not in use?	_____

III. Accessories, cont.

Does the pool have starting blocks? ☐ Yes ☐ No

Number: _____ Height(s): _____

Are starting blocks removed when not in use? ☐ Yes ☐ No

Does the pool have a waterslide? ☐ Yes ☐ No

Number: _____ Height(s): _____

Is depth of water where slide exits: _____

Does the end of the slide point: ☐ directly into the water? ☐ at an angle?

Are lifeguards positioned at the top and bottom of the slide during use? ☐ Yes ☐ No

How is slide area(s) secured when not in use? _____

How is slide area(s) secured from other swim areas? _____

IV. Sanitation

Frequency of disinfectant concentration test and bacterial count?:

☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

Are records available for inspection? ☐ Yes ☐ No

Are all pools cleaned daily? ☐ Yes ☐ No

Are there specific guidelines regarding closing the pool due to water quality, visibility, or stool contamination? ☐ Yes ☐ No

Does the city and/or state make periodic inspections and test of the pool? ☐ Yes ☐ No

Are all pool chemicals kept in a dry, ventilated, locked storage area? ☐ Yes ☐ No

Are footbaths provided? ☐ Yes ☐ No

How often is the pool drained and cleaned?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

V. Lifeguards

Are certified lifeguards on duty at all times during the pools operation? ☐ Yes ☐ No

If not, is appropriate signage posted indicating no lifeguards on duty? ☐ Yes ☐ No

Do others monitor pools, in addition to lifeguards? ☐ Yes ☐ No

What are the minimum and maximum number on duty at any one time? Minimum _____ Maximum _____

What is the age range of lifeguards? _____

Are lifeguard chairs or stands provided? ☐ Yes ☐ No

Is staff located so that all areas of the pool, including the bottom, visible at all times? ☐ Yes ☐ No

Are the following provided:

Life rings ☐ Yes ☐ No

Shepherd's hooks ☐ Yes ☐ No

Buoys ☐ Yes ☐ No

VI. First Aid

Is a first aid room provided? ☐ Yes ☐ No

Is staff first-aid and CPR trained on duty at all times during the pool operations? ☐ Yes ☐ No

Are all incidents maintained in a log? ☐ Yes ☐ No

Approximate distance to nearest emergency care services? _____

VII. Other Water Exposures

Are there other water exposures in addition to the pool such as lakes, ponds and rivers? ☐ Yes ☐ No

If yes, please explain, including position of lifeguards:

Is there a water playground? ☐ Yes ☐ No

If yes, describe playground surfacing: _____

Does the park have water jets?

If yes, name of Jet Manufacturer: _____

How frequently is maintenance performed?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other: _____

Name and address of maintenance company: _____

VIII. Requested Items

Pictures of all pools, slides, diving boards, water playground equipment and panoramic view of the entire area.

A diagram of each pool including all lifeguard positions, diving boards and depth markings.

Insured Signature

Date