

HEALTH CLUB FACILITY
SWIMMING POOL SUPPLEMENTAL APPLICATION

Separate application required for each location

I. GENERAL INFORMATION

NAMED INSURED: _____ DBA: _____

FACILITY ADDRESS: _____

WEBSITE: _____ EMAIL: _____

How many pools? Indoor: _____ Outdoor: _____

II. POOL INFORMATION (ANSWER FOR EACH POOL)

1. Year built: _____
2. Pool's hours: _____
3. What months is the pool open? _____
4. What is the general class of patronage? _____
5. What type of neighborhood is the pool located? _____
6. Is the patronage by children high? Yes No
7. Is a swim test conducted for each child? Yes No
8. Is the pool operated independently or in connection with another operation? Yes No
If yes, please describe: _____

9. Is any glass permitted in pool area? Yes No
10. Are state and local regulated rules for swimming posted? Yes No
11. Construction of pool: Concrete Tile Other: _____
12. Are pool depths markings clearly indicated on the side and in the pool? Yes No
13. Is the surface of the walkway at pool's, a non-skid material? Yes No
14. Are the following floors of non-skid material:
 - Locker rooms? Yes No
 - Showers? Yes No
 - Passageway to pool? Yes No
15. Is the pool lighted? Yes No
16. If it is an outdoor pool:
How is pool secured to keep people out when not in use and limit use to members only? _____

17. Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No

III. ACCESSORIES

1. Does the pool have a diving board? Yes No

a. Number: _____ Height(s): _____

- b. Is depth of water at board(s) at least 9 feet that extends at least 16 feet? Yes No

c. How is diving board(s) secured when not in use? _____

2. Does the pool have starting blocks? Yes No

a. Number: _____ Height(s): _____

- b. Are starting blocks removed when not in use? Yes No

3. Does the pool have a waterslide? Yes No

a. Number: _____ Height(s): _____

b. Depth of water where slide exits? _____

- c. Does the end of the slide point: directly into the water? at an angle?

- d. Are lifeguards positioned at the top and bottom of the slide during use? Yes No

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

f. How is slide area secured from other swim areas? _____

IV. SANITATION

1. Frequency of disinfectant concentration test and bacterial count? Daily Weekly Monthly Other _____

2. Are records available for inspection? Yes No

3. Are all pools cleaned daily? Yes No

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

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

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

7. Are footbaths provided? Yes No

8. How often is the pool drained and cleaned? Daily Weekly Monthly Other _____

V. LIFEGUARDS

1. Are certified lifeguards on duty at all times during the pools operation? Yes No
2. If not, is appropriate signage posted indicating no lifeguards on duty? Yes No
3. Do others monitor pools, in addition to lifeguards? Yes No
4. What are the minimum and maximum number on duty at any one time? _____
5. What is the age range of lifeguards? _____
6. Are lifeguard chairs or stands provided? Yes No
7. Is staff located so that all areas of the pool, including the bottom, visible at all times? Yes No
8. Are the following provided:
 - Life rings? Yes No
 - Shepard's hooks? Yes No
 - Buoys? Yes No

VI. FIRST AID

1. Is a first aid room provided? Yes No
2. Is staff first-aid and CPR trained on duty at all times during the pool operations? Yes No
3. Are all incidents maintained in a log? Yes No
4. Approximate distance to nearest emergency care services? _____

VII. OTHER WATER EXPOSURES

1. 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: _____

2. Is there a water playground? Yes No
 - If yes, describe playground surfacing: _____

 - Does the park have water jets? Yes No
 - If yes, name of Jet Manufacturer: _____
 - How frequently is maintenance performed? Daily Weekly Monthly Other _____
 - Name and address of maintenance company: _____

 - Does a swim, dive or water polo team utilize the pool facility? Yes No
 - If yes, provide copy of Certificate of Insurance with additional insured working from each team or league.

VIII. REQUESTED ITEMS

1. Pictures of all pools, slides diving boards, water playground equipment and panoramic view of the entire area.
2. A diagram of each pool including all lifeguard positions, diving boards and depth markings.

Insured Signature: _____

Date: _____