

## SWIMMING POOL / WATER FEATURE QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

### Swimming Pools

This section to be completed for those risks with any swimming pool or water exposure with swimming:

1. Total number of Pools: \_\_\_\_\_ Total number of hot tubs/spas: \_\_\_\_\_
2. Is swimming done in an ocean, lake, river, pond, or gravel pit?  Yes  No  
 If "Yes", are lifeguards present?  Yes  No  
 If "No", are "Swim At Your Own Risk" signs posted?  Yes  No
3. Hours of operation: \_\_\_\_\_ Anytime  OR \_\_\_\_\_ am - \_\_\_\_\_ pm
4. Are depth markings clearly indicated on the edges of the pool?  Yes  No
5. Are "No Diving" markings clearly indicated?  Yes  No
6. Are "No Running" signs posted?  Yes  No
7. Are surfaces surrounding the pool areas made of a non-slip or skid resistant material?  Yes  No  
 If yes, please describe type of surface present or non-slip product used: \_\_\_\_\_
8. Are there Diving Boards? (If so, you are not eligible for coverage.)  Yes  No
9. Are there Water Slides? (If "Yes", Water Feature Section Must Be Completed)  Yes  No
10. Is there fencing surrounding the pool area? (If not, you are not eligible for coverage.)  Yes  No  
 If yes, what height is the fence: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
 Does the fence have either a self-locking gate or no gate?  Yes  No  
 Describe type of fencing: \_\_\_\_\_
11. Are there self-closing and latching gates to the pool area?  Yes  No  
 If yes, how many: \_\_\_\_\_
12. Are lifeguards employed?  Yes  No  
 If yes, are they Red Cross certified?  Yes  No
13. Please describe any other certifications: \_\_\_\_\_
14. Please indicate what life saving equipment is available and where located: \_\_\_\_\_
15. Are pool chemicals locked in a secure area?  Yes  No
16. Are written emergency procedures attached to this questionnaire? (Attach.)  Yes  No

<b>Pool #1</b> Location: _____ Description: _____ Type: _____ Size : Square Ft.: _____ Min. Depth: _____ ft Max. Depth: _____ ft.	<b>Pool #2</b> Location: _____ Description: _____ Type: _____ Size : Square Ft.: _____ Min. Depth: _____ ft Max. Depth: _____ ft.
<b>Pool #3</b> Location: _____ Description: _____ Type: _____ Size : Square Ft.: _____ Min. Depth: _____ ft Max. Depth: _____ ft.	<b>Pool #4</b> Location: _____ Description: _____ Type: _____ Size : Square Ft.: _____ Min. Depth: _____ ft Max. Depth: _____ ft.

**Water Park / Water Features (if applicable)**

This section to be completed along with the Swimming Pool Section for those risk with water slides, water spray features or any other water amusement features.

17. Please check months of operations for water park/features:  
 Jan.  Feb.  Mar.  Apr.  May  Jun.  Jul.  Aug.  Sept.  Oct.  Nov.  Dec.
18. What is the maximum capacity of this water park? \_\_\_\_\_ people
19. What is the average daily number of visitors to the water park? \_\_\_\_\_ people
20. Are people other than guests given admittance to the water features/water park area?  Yes  No  
 If Yes, please indicate the annual sales for admissions: \$ \_\_\_\_\_
21. Is alcohol sold or allowed in the pool or water features area?  Yes  No
22. Are all water features specifically designed and manufactured by an established manufacturing firm base/located within the United States?  Yes  No
23. Are daily walk-through inspections performed on all pools, slides, rides or features?  Yes  No
24. Are areas surrounding the pool and water features including steps, staircases and ramps engineered with non-skid or slip resistant surfaces?  Yes  No
25. Do slides designed for smaller children have mats or non-abrasive surfaces at the exit point?  Yes  No

Provide a complete description of each water feature. The description should include information like the location on the property, overall height and length of the feature, number of riders/swimmers that may use the feature at one time, weather it's enclosed or open air, number of life guards present and where they are stationed, any minimum age, height or weight requirements for riders/swimmers, any falls or drops on the feature, etc.

Type of water feature: Description:
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**Submission Checklist**

- Written design plan for staffing during all hours of operation
- Water feature operational guidelines
- Chemical testing and recording procedures (require chemical checks every 2-3 hours).
- Written inspection and maintenance procedures.
- Written Evacuation plan
- 3 Years of company run loss history
- A minimum of 2 photos of each water feature (front and back angles)
- Copy of the hold harmless agreement or any other acknowledgement the insured has their guests sign as a user of the water feature.
- Website address of the insured: \_\_\_\_\_
- Brochures of the insured's property and operations.

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature	Title	Date
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Producer Signature	Date
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\_\_\_\_\_  
 Producer Name and Address