

Pool and Water Recreation Questionnaire

This is a supplemental questionnaire; signed ACORD applications are required.

Name of organization _____

	Yes	No
1. Does your organization own, lease, or operate any swimming pools?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of pools on your premises _____		
b. Does your organization test to identify swimmers and non-swimmers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are pool rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do the rules include:		
a. Minors must be accompanied by an adult	<input type="checkbox"/>	<input type="checkbox"/>
b. No diving from pool deck	<input type="checkbox"/>	<input type="checkbox"/>
c. No breath holding	<input type="checkbox"/>	<input type="checkbox"/>
d. Are trained lifeguards present during all pool hours?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Please describe how lifeguards are trained _____		
If no,		
a. Do you post signage to indicate:		
i. Pool hours	<input type="checkbox"/>	<input type="checkbox"/>
ii. No life guard on duty; swim at your own risk	<input type="checkbox"/>	<input type="checkbox"/>
iii. No children permitted without adult supervision	<input type="checkbox"/>	<input type="checkbox"/>
e. Is pool access restricted to those with keycard access?	<input type="checkbox"/>	<input type="checkbox"/>
f. If pool is leased, who employs the staff and lifeguards? <input type="checkbox"/> Not Applicable _____		
g. Provide information on all pools below. If more than 3 pools, please provide information on an attachment		
Pool Information	Pool 1	Pool 2
Pool Location:		
Pool Size and description		
Indicate number of drains:		
Indicate shallow-end depth:		
Indicate deep-end depth:		
Where is depth indicated (e.g. Pool deck, Bottom, Both, Other)		
Number of depth markings around the pool?		
Number of Diving Boards <input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____
And Height of Diving Boards <input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____	<input type="checkbox"/> NA _____

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Pool Information	Pool 1		Pool 2		Pool 3	
	Yes	No	Yes	No	Yes	No
Enclosed by "child proof" gate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slip resistant surfacing on pool deck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pool have a pump safety shutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is pool anti-entrapment equipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of certified lifeguards on duty?						
If any, Indicate lifeguard station location(s):						
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Phone or other notification system in the pool area with emergency phone numbers posted nearby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pool indoor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there suspended ceilings above pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are ceilings inspected by outside contractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last inspection:						
2. Does your organization own or operate any hot tubs or whirlpools?					<input type="checkbox"/>	<input type="checkbox"/>
If yes, number of hot tubs and whirlpools _____						
a. Do all hot tubs or whirlpools have at least 2 drains?					<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a clearly marked emergency pump shutoff switch nearby?					<input type="checkbox"/>	<input type="checkbox"/>
c. Are temperatures always kept at 104° or less?					<input type="checkbox"/>	<input type="checkbox"/>
d. Operated on an automatic timer?					<input type="checkbox"/>	<input type="checkbox"/>
e. Are unsupervised minors prohibited?					<input type="checkbox"/>	<input type="checkbox"/>
f. Are rules posted?					<input type="checkbox"/>	<input type="checkbox"/>
g. Is hot tub or whirlpool equipped with anti-entrapment drain covers or systems?					<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization have any diving boards or diving platforms?					<input type="checkbox"/>	<input type="checkbox"/>
If yes,						
a. Are there any high flex boards?					<input type="checkbox"/>	<input type="checkbox"/>
b. Are board entrances secured when not in use?					<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how access is restricted? _____						
d. Are diving boards equipped with slip resistant surfacing?					<input type="checkbox"/>	<input type="checkbox"/>

Continued

	Yes	No
e. Are all ladders/stairs equipped with non-skid rubber mats and handrails?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization own or operate any saunas?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of saunas _____		
b. Are temperatures monitored?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does Sauna have sprinklers inside?	<input type="checkbox"/>	<input type="checkbox"/>
d. Does sauna have an observation window?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are unsupervised minors prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the sauna regularly inspected to ensure safety (i.e. condition of wood, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
g. Are sauna rules posted?	<input type="checkbox"/>	<input type="checkbox"/>
h. Indicate sauna location <input type="checkbox"/> Pool deck <input type="checkbox"/> Locker room <input type="checkbox"/> other _____		
5. Does your organization have any water park playground areas or splash pads?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of elements _____		
b. Is there stationed supervision?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the water playground or splash pad separated from pool areas?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the area enclosed?	<input type="checkbox"/>	<input type="checkbox"/>
e. Describe surfacing and playground elements _____		
6. Does your organization have water slides?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of slides _____		
b. Are slide entrances secured when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe how access is restricted? _____		
d. Are all slides less than 10 ft in vertical height?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all slide ladders/stairs equipped with slip resistant rubber mats and hand rails?	<input type="checkbox"/>	<input type="checkbox"/>
f. Slide exit separate from main swimming or pool area?	<input type="checkbox"/>	<input type="checkbox"/>
g. Slide exit into water at least 4 ft deep?	<input type="checkbox"/>	<input type="checkbox"/>
h. Slide exit horizontal to the water and equal to or less than 18 inches from water?	<input type="checkbox"/>	<input type="checkbox"/>
i. Lifeguard dedicated to the slide exit?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the property use any "Brown Water" (lakes, rivers) for water recreation?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. How are swimmers vs non-swimmers identified? _____		
b. Does your organization utilize alarming bands?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all non-swimmers required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization have water blobs or water trampolines?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Please describe the device and safety rules _____		

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	Yes	No
b. Number of devices _____		
c. Does your organization enforce a maximum weight difference of 25lbs per participants?	<input type="checkbox"/>	<input type="checkbox"/>
d. How many jumpers are permitted at one time? _____		
e. Are all participants required to wear US Coast Guard approved personal floatation devices (PFDs)?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are two lifeguards required for supervision at all times?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is access restricted when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
h. Please describe how access is restricted? _____		
9. Does your organization offer boating activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Describe the activity and the water location where the activity is held _____		
b. Does your organization own or operate boats? <input type="checkbox"/> Not Applicable		
Number of motorless boats _____ Number of motorboats _____		
c. Are all boaters required to wear Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is safety and emergency instruction reviewed prior to each trip activity?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are boating and boating activities prohibited at night?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are certifications required for motorboat operators?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, who provides the Certification/training? _____		
10. Does your organization offer water skiing, wake boarding, knee boarding, water tubing, or similar towing activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of participants annually _____		
b. Number of individuals permitted on boat at one time _____		
c. Please describe tow speed controls _____		
d. Is a specified observer required to be present (<i>separate from the boat operator</i>)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all skiers, boarders, tubers equipped with Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is all equipment including the towlines (<i>handles, lines and connecting hooks</i>) inspected prior to each use?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is equipment maintained according to the manufacturer's specifications?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is towing activity restricted to only one line at a time?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your organization offer whitewater boating or rafting activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes,		
a. Number of annual participants _____		
b. Number of boats/rafts you own or operate _____		
Number of trips contracted with third party providers _____		
c. Describe whitewater activities including river rating scale or class and number and ages of registrants:		
d. Are all boats staffed by an experienced, insured guide?	<input type="checkbox"/>	<input type="checkbox"/>

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	Yes	No
e. Is at least one member of the trip required to be skilled in life saving techniques?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are all rafters required to wear a helmet and Coast Guard approved life jackets?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all rafters trained on safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is all equipment maintained according to the manufacturer's specifications?	<input type="checkbox"/>	<input type="checkbox"/>

12. Please indicate any additional water recreational activities offered at any location & number of participants annually:

☐ Canoeing participants _____
 ☐ Snorkeling participants _____
 ☐ Other _____

☐ Sailing participants _____
 ☐ Surfing participants _____
 ☐ Other _____

Provide details and describe the safety controls in place for the indicated activities.

Completed by _____ Title _____ Email _____

Signature _____ Date Completed _____