



SWIMMING POOL SUPPLEMENT

Applicant's Name: _____ Policy Number: _____

Location address: _____

Is the pool kept full of water all year?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the pool heated and used all year-round?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<i>If no, when is it used?</i>		
Does a fence enclose the entire pool facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the fence kept locked when not in use? If yes, who has access to keys or where are keys kept?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do walking surfaces have good traction to reduce slip and falls?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the pool deck area marked with conspicuous markings indicating the pool depth at periodic places along the pool perimeter?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are pool rules posted? (<i>attach copy</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is there a diving board?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there diving restrictions? (<i>if yes, explain below</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is there a slide?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the pool facility have readily accessible first aid and life saving equipment ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Average number of people using pool at one time.	—	
What supervision is required for pool use? i.e. Ratio of Supervisors & People: _____		
Additional Comments:		

Signed: _____

Date: _____

Title: _____