



**Swim Clubs, Beaches,
Lakes and Ponds**
General Liability Supplemental Application
(Complete in addition to ACORD)

1. Name of Applicant: _____
Website: _____

GENERAL

2. Check all operations that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Beach | <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Jacuzzi/Hot Tub |
| <input type="checkbox"/> Swim Club | <input type="checkbox"/> Pool | <input type="checkbox"/> Playground Equipment |
| <input type="checkbox"/> Lake - Swimming Allowed | <input type="checkbox"/> Lake - No Swimming Allowed | |
| <input type="checkbox"/> Pond - Swimming Allowed | <input type="checkbox"/> Pond - No Swimming Allowed | |

3. Are you: Public (commercially operated) or Private (members only)?

4. Annual Gross Sales (if For-Profit): \$ _____

Annual Budget (if Not-For-Profit): \$ _____

Annual Admissions: _____

5. If you are a Swim Club, indicate number of individual members: _____

6. Please check all operations that apply and indicate gross sales for each:

- | | |
|--|--|
| <input type="checkbox"/> Amusement Devices \$ _____ | <input type="checkbox"/> Alcohol \$ _____ |
| <input type="checkbox"/> Beach Umbrellas-provided or rented \$ _____ | <input type="checkbox"/> Boat Rental \$ _____ |
| <input type="checkbox"/> Jet Ski Rental \$ _____ | <input type="checkbox"/> Refreshment Stands \$ _____ |
| <input type="checkbox"/> Restaurants \$ _____ | <input type="checkbox"/> Retail Stores \$ _____ |
| <input type="checkbox"/> Other: _____ | |

7. Number of years you have been operating: _____

8. Address of pool/beach/lake/pond:

Street Address: _____

City: _____ State: _____ Zip: _____

9. Hours of operation: _____

10. What is your operating season? From: _____ To: _____

11. Do you sponsor any contests or sporting events? Yes No

If yes, describe: _____

12. Do you offer swimming classes or exercise classes? Yes No

If so, what are the ages and experience levels of the instructors? _____

13. Do you sponsor a diving team? Yes No

If yes, please answer questions a. and b.

a. Is there a properly trained dive coach on staff? Yes No

b. Are all dive team members required to provide parental consent forms and sign waivers of liability? Yes No

14. Minimum number of lifeguards per pool/beach/lake/pond: _____ Hours that lifeguards are on duty: _____

15. Does the number of lifeguards comply with state requirements? Yes No

16. Number of diving boards: _____ Height of boards: _____

17. Number of slides: _____ Height of slides: _____

18. Is a lifeguard always stationed at each diving board and each slide? Yes No

19. Do lifeguards have whistles and bullhorns so that emergency instructions can be heard by all? Yes No

20. Is your facility equipped with a public address system? Yes No

21. Are lifeguards always on duty when you are open for swimming? Yes No

If not, do you post "Swim At Your Own Risk" signs? Yes No

22. Are rules and regulations clearly posted? Yes No
23. Are all posted signs bilingual? Yes No
24. Do you offer shower facilities? Yes No If, yes, do they have non-skid floors? Yes No
25. Is safety (life saving) equipment present as required by law or ordinance, and available for immediate use and in good working order? Yes No
26. Do you comply with state and local mandates regarding mandatory shutdown times? Yes No
27. Name and phone number of person to contact for inspection (**Please note: Inspections are mandatory.**)
 Name: _____ Phone: _____
28. Please provide details of work performed by independent contractors. Add page if more space is needed. _____

POOLS Not Applicable

29. Number of pools: _____
30. Pool is: Indoors Outdoors
31. If the pool is inside a building, is it enclosed by walls and does it have self-closing and self-latching doors? Yes No
32. Is the pool fenced? Yes No Height of fence: _____ feet
33. Is the pool equipped with a self-closing, self-latching gate? Yes No
34. Is the pool locked when not in use? Yes No
35. Size of pool: Length: _____ Width: _____
 Location of depth markings: _____ Linear feet of pool wall: _____
36. Depth: Maximum: _____ Minimum: _____
37. Are water depth markings clearly visible on pool sides? Yes No
38. What is the age of the pool? _____
39. Are children under the age of 12 allowed pool access without a parent or guardian? Yes No
40. Have all employees been trained in how to handle a fecal emergency response? Yes No
41. Who is responsible for pool maintenance? Insured Independent Contractor
42. Describe chemical storage: _____
43. Number of pool drains per pool: _____
44. Do all pool drains and grates have covers that cannot be removed without the use of a tool? Yes No
45. Do all pools comply with requirements of Federal Virginia Graeme Baker Pool & Spa Safety Act? Yes No
- a. Do drain covers meet the ANSI/ASME A112. 19.8-2007 standard on **EVERY** drain/grate? Yes No
- b. Do all pools have an automatic shut-off system, gravity drainage system, Safety Vacuum Release System, suction limiting vent system or disabled drain? Yes No
- c. Are dual or multiple drains at least three (3) feet apart? Yes No
46. Are you compliant with ADA 2010 Standard for pool accessibility? Yes No

Please complete the appropriate sections below:

IF YOU ARE ADA COMPLIANT:

- a. What means of access for entry/exit is being utilized?
 Fixed Lift Non-fixed Lift Pool Stairs Sloped Entry Transfer System Transfer Wall
- b. Is your staff trained on an on-going basis in the use, operation and maintenance of the pool lift? Yes No

IF YOU ARE NOT ADA COMPLIANT:

- a. Why are you not compliant? _____
- b. How do you intend to protect disabled persons who are entering and exiting the pool? _____

BEACHES, LAKES AND PONDS Not Applicable

- 47. Any ocean exposure? Yes No
- 48. Is the swimming area clearly marked by rope and buoys and segregated from boating and jet skiing areas? Yes No
- 49. If boating is allowed, do you require the use of personal floatation devices? Yes No
- 50. Is the swim area protected by lifeguards? Yes No
- 51. Do you allow ice skating, ice fishing or ice boating? Yes No
- 52. Do you provide swim area management services? Yes No

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

Applicant's Signature

Date

Title

Producing Agent