



Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

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Swimming Pool Maintenance and Management Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY)

Applicant's Name _____

MAINTENANCE

EMPLOYEE DATA	NUMBER	ANNUAL PAYROLL
Owner(s) only		\$
Cleaning: Full Time		\$
Part Time		\$
LEASED OR SUBCONTRACTED	NUMBER	ANNUAL COST
Owner(s) only		\$
Cleaning: Full Time		\$
Part Time		\$

1. Does applicant rent portable spas? _____ Yes No
2. Does applicant manufacture or sell any products under their own label? _____ Yes No
If yes, complete and submit Products application, GLS-APP-2
3. Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on premises? _____ Yes No
If yes, type and quantity stored: _____
4. Any equipment loaned, leased or rented to others? _____ Yes No
If yes, describe type of equipment and annual rental receipts: _____
5. Does applicant subcontract work? _____ Yes No
If yes, describe type of work: _____
6. Are certificates of insurance obtained from subcontractors? _____ Yes No
7. Does Applicant offer services other than pool services? _____ Yes No
If yes, nature of service: _____
8. Are all chemicals EPA approved and stored in EPA approved containers? _____ Yes No

POOL MANAGEMENT OPERATIONS

	NUMBER	NO. OF POOLS SERVICED ANNUALLY
Life Guards: Full time		
Part time		
Instructors: Full time		
Part time		
LEASED OR SUBCONTRACTED	NUMBER	ANNUAL COST
Leased employees		\$
Independent Contractors		\$

9. Are all lifeguards and instructors American Red Cross certified or equivalent? _____ Yes No
Type of clients serviced:
 Municipal Pools Private Clubs Hotels/Motels Condo/HOA Lakes
 Ocean Beaches Water Amusement Parks Other (describe): _____
10. Any clients with wave pools or pools with slides or diving boards/plafforms in excess of 10 feet? _____ Yes No

Applicant's Signature

Date

SWIMMING POOL SURVEY

(complete for each pool managed)

Pool Name _____ Number of Members _____
Address _____ Pool Capacity _____

POOL

- Dimensions _____ Depth: Min _____ Max _____ Hours of operation: from _____ to _____
Operating months: from _____ to _____ Lifeguard-to-swimmer ratio: _____ to _____
- Yes No Are depth markers clearly visible above the water line?
 Yes No Are diving boards or diving platforms present? If yes, how many? _____
Height of each diving board or diving platform _____
 Yes No Is the shallow end of the pool roped off?
 Yes No Are "No Running" signs posted?
 Yes No Are the rules of the pool posted? (please attach a copy)
 Yes No Is the pool fenced? If so, height of the fence? _____
 Yes No Is the fence locked when the pool is not in use?
 Yes No Is the fence locked when the lifeguard is not present?
 Yes No Are alcoholic beverages permitted in the pool area?
 Yes No Are glass containers permitted in the pool area?
 Yes No Are pool passes required? If yes, who checks the passes? _____
 Yes No Are under-age children allowed pool access without a parent?
Minimum age required to be permitted into the pool area? _____
 Yes No Are waivers of liability, signed by swimmers or parents, obtained?
(if waivers are used, please attach a copy.)

LIFEGUARDS

- Yes No Are lifeguards present during operating hours?
 Yes No Are all lifeguards American Red Cross (or equivalent) certified?
 Yes No Is certification current?
 Yes No Are supervised safety exercise drills held periodically?
If so, is a record log maintained? Yes No
 Yes No Is a certificate of insurance obtained from the pool owners?
 Yes No Are swimmers allowed in the pool while the pool is being serviced?

JACUZZI OR WHIRLPOOL

- Yes No Is there a Jacuzzi or Whirlpool? Maximum temperature setting _____
 Yes No Can temperature be adjusted by anyone?
 Yes No Are filtration drains domed and/or are dual grated drains used?

OTHER ISSUES

- Yes No Does the club/pool have a swim team?
If yes, number of meets held on premises _____
 Yes No Is there diving instruction or diving competition held at the pool?
 Yes No Is competitive diving taught?
 Yes No Is scuba diving taught at the pool?
 Yes No Are trampolines used?

Please submit a photograph of the pool and pool area with this survey.

Pool Manager's signature _____ Date _____