



**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/plaforms 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 \_\_\_\_\_