



Aquatics Supplement
**Youth Recreation/Child Care/Private Schools/
Health Clubs/Swim Clubs/Gymnastics/Social Service**
(To be attached to ACORD applications)

Complete a separate supplement for each facility used.

NAMED INSURED: _____

FACILITY LOCATION: _____

GENERAL INFORMATION

1. Is the swimming facility (check all that apply): Private Public Lake Ocean Other
2. Is it (check all that apply)?: On premises Off premises Above Ground Below Ground
 Indoor Outdoor

STAFFING

3. Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)? Yes No
 - a) If yes, how many? _____
 - b) Certifying organization for lifeguards is (i.e. Red Cross, YMCA) _____
 - c) What is the lifeguard to swimmer ratio during swim times? _____ (Lifeguards) to _____ (Swimmers)
 - d) Are all lifeguards situated in positions where they can see all areas of the facility? Yes No
 - e) If guarding a pool, can they see the bottom surface? Yes No
4. Who supplies the lifeguards? (you or facility used) _____
 - a) If you supply the lifeguards, do you document all lifeguard in-service training? Yes No
5. Are pools monitored by staff members in addition to lifeguards? Yes No
 - a) Are staff members watching the pool situated in position where they can see all areas of the pool, including the bottom? Yes No
 - b) What is the total staff to swimmer ratio during swim times? _____ (Staff) to _____ (Swimmers)
6. Are staff assigned to supervise locker/changing rooms, sunbathing areas, etc? Yes No

POOLS/SPAS

7. Is the pool/spa compliant with The Virginia Graeme Baker Pool & Safety Act? Yes No
a) If no, explain action plan and time table for compliance _____

8. Do you use pools/spas owned by other entities? Yes No
a) If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Safety Act? Yes No
9. Do all pool drains and grates have covers that cannot be removed without using a tool? Yes No
10. If pool is outdoors, is it completely fenced with at least a 4 foot fence? Yes No
a) Does the pool have self locking gates? Yes No
b) Are gates locked when pool is not in use? Yes No
11. Are pool depths marked? Yes No
a) What is the maximum depth of water (in feet)? _____

- b) What is the minimum depth of water (in feet?) _____
12. Do you test the pool/spa water a minimum of 2 times per day? Yes No
13. Is there a hot tub? Yes No
- a) Is the hot tub: Accessible Non-accessible Attended Non-attended
- b) Does the hot tub contain a locking cover? Yes No
14. Are all pools/spas cleaned daily? Yes No
15. Are all chemicals kept in a dry, ventilated, locked storage area? Yes No
16. Is there a working phone available near the hot tub/pool in case of emergency? Yes No

ALL WATERFRONT INCLUDING POOLS

17. Are warning signs and facility rules posted? Yes No
- a) Do posted rules meet state and local regulations? Yes No
18. Do you test each swimmer's swimming ability prior to allowing them to use the facility? Yes No
- a) Do you non-swimmers wear a visible identification? Yes No
19. Are all swimmers required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at any outdoors swim facility? Yes No
- a) Is sunscreen reapplied every 2 hours or after profuse sweating? Yes No
20. Do you have the following safety equipment at the waterfront? Check all that apply.
- Backboard Portable oxygen AED (Automatic External Defibrillator) First Aid Kit
- Ring buoy Reaching pole or shepherds crook
21. Do you use starting blocks? Yes No
- a) If yes, what is the depth of the water at the starting blocks? _____ feet
22. Are there diving boards or diving platforms? Yes No
- a) If yes,
- a) # of Boards Height(s) _____
- b) # of Platforms Height(s) _____
- b) Is the diving area clearly marked with a depth of at least 9 feet that extends out at least 16 feet from the end of the diving board? Yes No
23. Are there water slides? Yes No
- If yes, a) # of Slides _____ Height(s) _____ Length(s) _____
- b) Depth of water where slide enters: _____
- c) If used in a pool, are the slides approved by the manufacturer for pool use? Yes No
- d) How do swimmers enter the water when launching off the slide(s)? At an angle **OR** Horizontally
- Please attach rules for use of the water slide.***
24. Do you have water structures like water trampolines, blobs, inflatable platforms, etc? Yes No
- a) What type of structure(s) – List: _____
- b) Is there a minimum of 2 lifeguards assigned to each structure at all times? Yes No
- c) Can lifeguards see 360° around inflatables/trampolines/blobs, etc.? Yes No

Please attach rules for use of the structures.

25. Does the facility meet the Dept. of Environmental Quality (or equivalent) standards for water quality, including testing and cleaning frequency? Yes No
26. Do you have specific guidelines regarding closing the waterfront or leaving the facility due to water quality, visibility, weather or contamination? Yes No
27. Do you loan or rent the waterfront/pool to outside groups or individuals? Yes No
- a) If yes, do you require them to sign a hold harmless agreement in your favor? Yes No
- b) If yes, do you require a certificate of insurance & additional insured status on their policy from them? Yes No
- c) If yes, do you provide the lifeguards? Yes No
28. Do you loan or rent your lifeguards to outside groups or individuals? Yes No
- a) If yes, do you require the groups to sign a hold harmless agreement in your favor? Yes No
- b) If yes, do you require a certificate of insurance and additional insured status on their policy from them? Yes No
29. If the facility you use is off premises, are you required to sign a contract? Yes No
- a) If yes, do you hold the facility owners harmless in their favor? Yes No
30. List all water sports played, including the use of jet skis or other types of motorized equipment used. Do not include competitive, organized sports teams. _____

LAKES/PONDS

31. Number of ponds _____ lakes _____ rivers _____ on premises.
32. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked? Yes No

Comments: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____