GREAT AMERICAN INSURANCE GROUP | Specialty Human Services

POOLpro™ Insuring America's Pools

# Swim Club – New Business Survey

Insured Name _____ Date of Survey _____

Address _____

Contact Phone # _____ Agent _____

Policy # _____ Policy Effective Date _____

| Losses/Recommendations | N/A | Yes | No |
|---|---|---|---|
| Previous Losses? | ☐ | ☐ | ☐ |
| Previous Recommendations Complied With? | | ☐ | ☐ |
| New Recommendations? | | ☐ | ☐ |

| Pool Information | Yes | No |
|---|---|---|
| Number of Memberships Total_____ Age of Pool _____ Baby Pool? | ☐ | ☐ |
| Confirm – Risk is a: ☐ Private Swim Club ☐ Private Community Pool | | |
| Pool Dimensions *(length)* - As measured in yards or meters. *Note: Swim club pools are typically 25 yds or 25 meters in length* | | |
| Yards_____ Meters _____ | | |
| *NOTE: NOT eligible for the program:* *1. Public pools 2. Municipal Pools 3. Commercially operated pools 4. Lakes, ponds, water parks 5. Pool Installation Contractors* | | |
| AED Defibrillator on Premises? | ☐ | ☐ |
| Is staff certified to use AED Defibrillator? | ☐ | ☐ |
| Is this club self-managed? | ☐ | ☐ |
| Are employees provided by a management company? | ☐ | ☐ |
| ☐ If self-managed, how many lifeguards are employed? _____ | | |
| ☐ If Pool Management company, please provide: | | |
| Company Name _____ | | |
| Company Address _____ | | |
| Contact Name_____ | | |
| Are COI's obtained annually? | ☐ | ☐ |
| Indicate all employee screening controls used by your organization: | | |
| **If over** 18 years of age are federal criminal background checks & personal/professional reference checks conducted? | ☐ | ☐ |
| **If under** 18 years of age are the sex abuse registry and personal/professional references checked? | ☐ | ☐ |
| With respect to abuse, have any claims been filed or allegations of abuse been made against your organization or anyone working on behalf of your organization? | ☐ | ☐ |
| Are you aware of any occurrences that could lead to a claim? | ☐ | ☐ |
| Does your organization have written policies for your staff & training that addresses child abuse prevention, code of conduct and reporting suspected abuse? | ☐ | ☐ |
| Does your organization require at least 2 employees to be with clients at all times, prohibiting employees and volunteers from being alone with clients? | ☐ | ☐ |

| Answer the following questions by checking the appropriate box | N/A | Yes | No |
|---|---|---|---|
| 1. Is the pool rented or made available to members or non-members, for private parties after normal operating hours? | ☐ | ☐ | ☐ |
| **If yes**, are pool guards provided by the swim club? | | ☐ | ☐ |
| Are waivers and proof of insurance obtained if rented to, or used by, non-club members or corporate entities? | | ☐ | ☐ |
| Explain | | | |
| 2. Is liquor served or permitted for any pool function or event? | ☐ | ☐ | ☐ |
| **If yes**, are they ☐ swim club sponsored and/or are they ☐ private party sponsored? | | | |
| **If yes**, number of such events of each type per year: | | | |
| Pool sponsored _____ Private parties per year _____ | | | |
| If liquor served by Third Party, is COI obtained to show liquor liability insurance in place? | | ☐ | ☐ |
| 3. Are there **DIVING BOARDS** present? | ☐ | ☐ | ☐ |
| Number of boards _____ | | | |
| Springboard type | | ☐ | ☐ |
| **Board #1** height:_____meter(s) | | | |
| Depth of water directly below the tip of board _____ft | | | |
| Depth of Diving Well at deepest point _____ft | | | |
| **Board #2** height: meter(s) | | | |
| Depth of water directly below the tip of board _____ft | | | |
| Depth of Diving Well at deepest point _____ft | | | |
| Is there a maintenance plan on equipment? | | ☐ | ☐ |
| **If yes**, who is in charge of maintaining slides, diving boards, etc? _____ | | | |
| 4. Are rafts and/or floats permitted in pool at any time? | ☐ | ☐ | ☐ |
| **If yes**, provide details: _____ | | | |
| 5. Except for supervised swim team meets and practices, is any diving permitted from the pool deck?_____ | ☐ | ☐ | ☐ |
| 6. Are pool depths marked *(with MIN. 4" lettering)* on pool walls and edges of decking at all points of slope change AND spaced no more than 20 ft. intervals?_____ | ☐ | ☐ | ☐ |
| 7. Are there any **POOL SLIDES**? | ☐ | ☐ | ☐ |
| **If yes**, how many?_____ | | | |
| **If yes**, what is the height of the slide?_____(ft) | | | |
| **If yes**, what is the exact depth of water in which slide empties into? _____ (ft) | | | |
| **If yes**, what is the age of the equipment?_____ | | | |
| 8. Is the concrete deck surface surrounding the pool smooth, free of cracks, and constructed of a slip resistant surface? | ☐ | ☐ | ☐ |
| 9. If there are "built-in" underwater exit steps, are the risers clearly marked with contrasting colors? | ☐ | ☐ | ☐ |
| 10. Are pool rules, regulations and emergency numbers posted in a conspicuous location? | ☐ | ☐ | ☐ |

| Answer the following questions by checking the appropriate box *Continued* | N/A | Yes | No |
|---|---|---|---|
| 11. Pool Water Chemical/Sanitation used:<br>☐ Chlorine: ☐ Gas ☐ Liquid ☐ Powder<br>☐ Other_____ | ☐ | ☐ | ☐ |
| 12. Are copies of Material Safety Data Sheets on file for all chemicals on site? | ☐ | ☐ | ☐ |
| 13. Are employees trained in emergency procedures in the event of chlorine or any other chemical leak? | ☐ | ☐ | ☐ |
| 14. Are written **accident reports** filled out and kept after each incident? | ☐ | ☐ | ☐ |
| 15. **Are all lifeguards and pool operators Red Cross certified prior** to the opening of the season? *(First Aid, Life Safety, CPR)* | ☐ | ☐ | ☐ |
| 16. Are there **a minimum of two lifeguards** present during all pool operating hours?<br>**If no**, provide details: _____ | ☐ | ☐ | ☐ |
| 17. Is there written criteria used to determine the appropriate **number of lifeguards** needed on duty, *(in the chairs)*, at any one time?<br>Describe: _____ | ☐ | ☐ | ☐ |
| 18. Is there a **snack bar** on premises? | ☐ | ☐ | ☐ |
| **If yes**, cooking grill or any fat frying on premises? | | ☐ | ☐ |
| If fat fryer exists, is there a UL approved **Ansul system** over the fryer? | | ☐ | ☐ |
| Does the Ansul have a current inspection/service tag? | | ☐ | ☐ |
| 19. Are all electrical system outlets in "wet" areas equipped with electrical ground fault interrupters **(GFI's)**? | ☐ | ☐ | ☐ |
| 20. Is the Baby Pool fully enclosed with at least a 36" fence with a warning sign for parents NOT to leave their children unattended?<br>If not, explain: _____ | ☐ | ☐ | ☐ |
| 21. Is the fence surrounding the pool complex at least six (6) feet tall? | ☐ | ☐ | ☐ |
| 22. Is there other exercise *(e.g. playground related)* equipment on the premises? | ☐ | ☐ | ☐ |
| **If yes**, describe:_____ | | | |
| **If yes**, What is the age of the equipment? _____ | | | |
| 23. Are **Swim lessons** given? | ☐ | ☐ | ☐ |
| Is there a **parent signed waiver requirement** in place for all swim team members and/or those taking lessons? | | ☐ | ☐ |
| ☐ by Management Company | | | |
| ☐ by Swim Club Member | | | |
| **If yes**, how many instructors?_____ | | | |
| 24. Is **Diving instruction** given? | ☐ | ☐ | ☐ |
| Is there a **parent signed waiver requirement** in place for all dive team members and /or those taking lessons? | | ☐ | ☐ |
| ☐ by Management Company | | | |
| ☐ by Swim Club Member | | | |
| **If yes**, how many instructors?_____ | | | |
| 25. Is there aerobic instruction at pool? | ☐ | ☐ | ☐ |
| **If yes**, Is participant's physician approval required? | | ☐ | ☐ |

| Answer the following questions by checking the appropriate box *Continued* | N/A | Yes | No |
|---|---|---|---|
| 26. Are there competitive swim or diving meets held at this facility?<br>Which? _____<br>How many events per season? _____<br>What is the estimated total attendance? _____ | ☐ | ☐ | ☐ |
| 27. Is there a Club sponsored swimming and/or diving team?<br>**If yes**, which? _____<br>**If yes**, how many swim & dive coaches total? _____ | ☐ | ☐ | ☐ |
| 28. Is there a guard chair in the immediate diving well area? | ☐ | ☐ | ☐ |
| 29. Are diving blocks ever used at the pool?<br>**If yes**, provide details: _____ | ☐ | ☐ | ☐ |
| 30. Are there any hot tubs or sauna facilities?<br>**If yes**, provide details: _____ | ☐ | ☐ | ☐ |
| 31. Is each pool equipped with a **minimum of two drains or other anti-suction, antientrapment devices**?<br>**If no**, provide details: _____ | ☐ | ☐ | ☐ |

## Additional Comments *(reference the question number from above)* and Recommendations

1. Briefly describe overall condition of pool grounds, walking surfaces, building conditions and housekeeping.

## Additional Comments *(reference the question number from above)* and Recommendations *Continued*

2. Comment about the **internal controls** in place to help manage the day to day operations of the pool facility.

   Discussion to include topics such as:

   1. Risk transfer/written contracts with service contractors, caterers, or private parties after hours.
   2. Training requirements for lifeguards
   3. HNO exposures
   4. Special events
   5. Liquor exposures – parties or special events
   6. Handling of pool chemicals
   7. Dive team parent signed waiver program
   8. Cooking exposures
   9. Condition of diving boards, slides, and pool depth in diving well
   10. Proper water depth marking and pool safety rules posted
   11. Employee screening including MVR review