

Capitol Indemnity Corporation

P.O. Box 5900
Madison WI 53705

Swimming Pool / Water Feature Questionnaire

Swimming Pool Section:

This section to be completed for those risks with any swimming pool or water exposure with swimming:

1. Total number of Pools _____ Total number of hot tubs/spas _____ Lake, River, Pond , Gravel Pit Yes No

If Lake, River, Pond or Gravel Pit exposure, are lifeguards present? Yes No

If No, are "Swim At Your Own Risk" signs posted? Yes No

Hours of operation: _____ am - _____ pm Anytime

2. **Pool #1** Indoor Outdoor Hot tub/spa

Square feet: _____ ft.

Pool Depth(s)

Most Shallow Depth: _____ feet _____ inches

Maximum Depth: _____ feet _____ inches

Pool #2 Indoor Outdoor Hot tub/spa

Square feet: _____ ft.

Pool Depth(s)

Most Shallow Depth: _____ feet _____ inches

Maximum Depth: _____ feet _____ inches

Pool #3 Indoor Outdoor Hot tub/spa

Square feet: _____ ft.

Pool Depth(s)

Most Shallow Depth: _____ feet _____ inches

Maximum Depth: _____ feet _____ inches

Pool #4 Indoor Outdoor Hot tub/spa

Square feet: _____ ft.

Pool Depth(s)

Most Shallow Depth: _____ feet _____ inches

Maximum Depth: _____ feet _____ inches

Please indicate additional pools on another questionnaire

3. Are depth markings clearly indicated on the edges of the pool? Yes No

4. Are "No Diving" markings clearly indicated? Yes No

5. Are "No Running" signs posted? Yes No

6. Do the surfaces surrounding the pool areas consist of a non-slip or skid resistant material? Yes No

If yes, please describe type of surface present or non-slip product used:

7. Are there Diving Boards? Yes (Not Acceptable) No

8. Are there Water Slides? Yes (If Yes, Water Feature Section Must Be Completed) No

9. Is there fencing surrounding the pool area? Yes No (Not Acceptable)

If yes, what height is the fence ___ ft. ___ in. Describe type of fencing: _____

10. Are there self-closing and latching gates to the pool area? Yes No If yes, how many _____

11. Are lifeguards employed? Yes No If yes, are they Red Cross certified? Yes No

Please describe any other certifications: _____

Please indicate what life saving equipment is available: _____

12. Are pool chemicals locked in a secure area? Yes No

Please submit the following with this section of the questionnaire:

Written Emergency Procedures

See next page for Water Features / Water Park Section:

Water Features / Water Park Section:

This section to be completed along with the Swimming Pool Section for those risk with water slides, water spray features or any other water amusement features.

13. Please check months of operations for water park/features.
 Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sept. Oct. Nov. Dec.
14. What is the maximum capacity of this water park? _____people
15. What is the average daily number of visitors to the water park _____people
16. Are people other than guests given admittance to the water features/water park area? Yes No
If Yes, please indicate the annual sales for admissions: \$_____
17. Is alcohol sold or allowed in the pool or water features area? Yes No
18. Are all water features specifically designed and manufactured by an established manufacturing firm base/located within the United States? Yes No
19. Are daily walk-through inspections performed on all pools, slides, rides or features? Yes No
20. Are areas surrounding the pool and water features including steps, staircases and ramps engineered with non-skid or slip resistant surfaces? Yes No
21. Do slides designed for smaller children have mats or non-abrasive surfaces at the exit point? Yes No
22. **Water Feature Area #1**, Pool # ____ (from page 1) Indoor Outdoor Both

Total number of waterslides: _____

Water slide #1: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #2: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #3: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Is there a river feature present in this area? Yes No If yes, what is the length: ____ ft.

Does the river feature have any whitewater, ramps, falls or drops? Yes No

Please check all other water features that apply in this area:

Wave or Plunge Pool Surfing Pool Funnel-type slide Log flume Water coaster

23. **Water Feature Area #2**, Pool # ____ (from page 1) Indoor Outdoor Both

Total number of waterslides: _____

Water slide #1: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #2: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #3: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Is there a river feature present in this area? Yes No If yes, what is the length: ____ ft.

Does the river feature have any whitewater, ramps, falls or drops? Yes No

Please check all other water features that apply in this area:

Wave or Plunge Pool Surfing Pool Funnel-type slide Log flume Water coaster

24. **Water Feature Area #3**, Pool # ____ (from page 1) Indoor Outdoor Both

Total number of waterslides: _____

Water slide #1: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #2: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #3: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Is there a river feature present in this area? Yes No If yes, what is the length: ____ ft.

Does the river feature have any whitewater, ramps, falls or drops? Yes No

Please check all other water features that apply in this area:

Wave or Plunge Pool Surfing Pool Funnel-type slide Log flume Water coaster

25. **Water Feature Area #4**, Pool # ____ (from page 1) Indoor Outdoor Both

Total number of waterslides: _____

Water slide #1: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #2: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Water slide #3: height: ____ ft. length: ____ ft.; Are lifeguards stationed at top and bottom? Yes No

Type: Body 1-person tube/float 2-person tube/float 3 or more person tube/float

Style: Enclosed tube Not enclosed

Is there a river feature present in this area? Yes No If yes, what is the length: ____ ft.

Does the river feature have any whitewater, ramps, falls or drops? Yes No

Please check all other water features that apply in this area:

Wave or Plunge Pool Surfing Pool Funnel-type slide Log flume Water coaster

Please indicate additional water features on another questionnaire

(1) Submission Checklist

- Written design plan for staffing during all hours of operation
- Water feature operational guidelines
- Chemical testing and recording procedures (require chemical checks every 2-3 hours).
- Written inspection and maintenance procedures.
- Written Evacuation plan
- 3 Years of company run loss history
- A minimum of 2 photos of each water feature (front and back angles)
- Copy of the hold harmless agreement or any other acknowledgement the insured has their guests sign as a user of the water feature.
- Website address of the insured: _____
- Brochures of the insured's property and operations.

Applicant Signature _____ Date ____/____/____

Producer Signature _____ Date ____/____/____