



4600 Cox Road, Glen Allen, VA 23060  
(804) 527-2700 Fax (804) 527-7966

# Child Care Plus Insurance Program Swimming Pool Supplement

(Attach to Markel Child Care Plus or Private Schools Insurance applications)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

1. Is Swimming Facility:  Private Pool  Public Pool  Water Park  Lake  Ocean  Other \_\_\_\_\_

2. Is it:  On Premise  Off Premises  Above Ground  Below Ground  Indoor  Outdoor

3. Does the staff to child ratio meet the minimum listed here?  Yes  No

Age	Staff	Children
Infant ages 0-1	1	1
Toddler ages 1-3	1	3
Preschool ages 3-5	1	4
Ages 5 and up	1	6

4. Are all children required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at the pool?  Yes  No

a. Is sunscreen reapplied every 2 hours or after profuse sweating?  Yes  No

5. Is the pool staffed with certified lifeguards in addition to the ratio listed above?  Yes  No

6. Number of certified lifeguards \_\_\_\_\_

7. Who supplies the lifeguards? \_\_\_\_\_

8. Are pools monitored by staff members in addition to lifeguards?  Yes  No

a. Are all staff members watching the pool situated in positions where they can see all areas of the pool, including the bottom?  Yes  No

9. Are there staff assigned to supervise locker/changing rooms, sunbathing areas, etc.?  Yes  No

10. Are rules for use posted at the pool or waterfront?  Yes  No

11. Do posted rules at pool/ waterfront meet state and local regulations?  Yes  No

12. Is a swim test conducted for all children?  Yes  No

13. Are pool depths marked?  Yes  No  
Max. Depth of water (in feet) \_\_\_\_\_

14. Are there diving boards or diving platforms?  Yes  No

**If yes, please complete the following:**

How many: \_\_\_\_\_ Height: \_\_\_\_\_

15. Is the depth **uniform\*** throughout the diving area and clearly marked on the deck as well as the sides?  
**(\*Uniform means a minimum 9 feet to 16 feet out from end of diving board)**  Yes  No

16. Are there water slides?  Yes  No

**If yes, please complete the following:**

a) How many: \_\_\_\_\_ Type: \_\_\_\_\_ Height: \_\_\_\_\_ Length: \_\_\_\_\_

b) Depth of water where slide exits into water: \_\_\_\_\_

c) Do swimmers enter the water at an angle or horizontally when launching off slide?  Yes  No

17. Is there a water trampoline?  Yes  No

18. Is there an inflatable swimming platform?  Yes  No

19. Can lifeguards see 360 ° around inflatables/ trampolines?  Yes  No

20. Is the pool completely fenced with at least a 4-foot fence?  Yes  No

21. Are gates locked when not in use?  Yes  No

22. Do all pool drains and grates have covers that cannot be removed without the use of a tool?  Yes  No

23. Does the swimming pool meet the Department of Environmental Resources standards for water quality or the equivalent?  Yes  No

24. Are all pools tested daily?  Yes  No

25. Are all pool chemicals kept in dry and vented locked storage area?  Yes  No

26. If pool is off premises, are you required to sign a contract?  
If yes: Do you hold the pool owners harmless?  Yes  No

Who provides the lifeguards? \_\_\_\_\_

27. If pool is on premises only, is pool used exclusively for the center's children?  Yes  No

If no, please explain: \_\_\_\_\_

28. If you use an off-site pool, is there a land playground there?  
**(If yes, please complete questions 29, 30, 31, 32)**  Yes  No

29. Is play area fenced?  Yes  No

30. Has someone certified in playground inspection inspected the playground?  
If yes, is it a CPSI certification?  Yes  No

If no, describe certification: \_\_\_\_\_

31. Does the playground have equipment with a primary platform higher than 6 feet?  
Is there any play apparatus higher than 8 feet?  Yes  No

If yes, describe: \_\_\_\_\_

32. Please indicate type of surface under play equipment and depth in inches:  Coarse Sand: \_\_\_\_\_"  
 Double Shredded Mulch: \_\_\_\_\_"  Engineered Wood Fibers: \_\_\_\_\_"  Fine Gravel: \_\_\_\_\_"  Fine Sand: \_\_\_\_\_"  
 Medium Gravel: \_\_\_\_\_"  Shredded Tires: \_\_\_\_\_"  Wood Chips: \_\_\_\_\_"  Other (type depth): \_\_\_\_\_

33. Please use the following space for additional comments, descriptions or information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insured Signature: \_\_\_\_\_

Date: \_\_\_\_\_