

**Mobile Insurance & Purvis Commercial  
Manufactured Housing Communities  
Swimming Pool Questionnaire**

The following are minimum requirements:

**YES      NO**

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| <u>      </u> | <u>      </u> | 1) Was the pool manufactured and installed as an in ground pool?   |
| <u>      </u> | <u>      </u> | 2) Are depth markings on the surface beside the pool and on the sides just above the water line?   |
| <u>      </u> | <u>      </u> | 3) Is there a division between the deep and shallow ends of the pool?  |
| <u>      </u> | <u>      </u> | 4) Is there a ladder equipped with handrails and non-skid materials on the treads?   |
| <u>      </u> | <u>      </u> | 5) Is the pool area fenced with self-closing gates with locking devices?   |
| <u>      </u> | <u>      </u> | 6) Are signs posted indicating the following:  |
| <u>      </u> | <u>      </u> | no lifeguard on duty   |
| <u>      </u> | <u>      </u> | hours of operation   |
| <u>      </u> | <u>      </u> | no horseplay   |
| <u>      </u> | <u>      </u> | no children under 16 without adult supervision   |
| <u>      </u> | <u>      </u> | no glass, alcohol or electrical appliances permitted around pool   |
| <u>      </u> | <u>      </u> | no jumping or diving allowed   |
| <u>      </u> | <u>      </u> | no running   |
| <u>      </u> | <u>      </u> | 7) Are poles and life preservers readily available in the event of an emergency?   |
| <u>      </u> | <u>      </u> | 8) Is the pool well lit if open during evening hours and underwater lighting installed? Note: Lighting should be up to code including GFCI protection and inspected at a minimum annually. |
| <u>      </u> | <u>      </u> | 9) Have all diving boards, slides, and diving platforms been removed?  |
| <u>      </u> | <u>      </u> | 10) Are PH and chlorine levels monitored daily?  |
| <u>      </u> | <u>      </u> | 11) Are all pool chemicals stored in a locked container or room?   |
| <u>      </u> | <u>      </u> | 12) Is there a phone available at or near the pool and the (EMS) emergency phone number posted?  |

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_