

SWIMMING POOL QUESTIONNAIRE		Date (MM/DD/YY):	
Insured Name:		Agency Name:	
Policy #:		Agency #:	
<i>If applicable, location where swimming pool resides?</i>			
Dimensions of swimming pool:			
Length: _____			
Width: _____			
Maximum Depth: _____			
Minimum Depth: _____			
Type of liner:		Concrete <input type="checkbox"/>	Vinyl <input type="checkbox"/>
Are there any diving boards?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Construction of diving board:			
Board height from water:			
Are there any slides?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there life safety equipment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the area around the pool fenced?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fence type:			
Fence Height:			
Are unsupervised children allowed access or use of the pool?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are guests allowed access or use the pool?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number in the household under 18 years of age?			
Distance to neighbor #1:			
Number of children under 18:			
Distance to neighbor #2:			
Number of children under 18:			
Comments:			

Note: Photos are required of swimming pool