

Swimming Pool Maintenance Supplemental Application

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Industry Experience: _____
 Description of Operations: _____

Section II – Exposure Information

1. Please provide number of employees, payroll, cost of subcontracted work and gross annual receipts.

Employee Data		Number	Annual Payroll	
Owner(s) only			\$	
Maintenance:	Full-time		\$	
	Part-time		\$	
Leased or Subcontracted		Number	Annual Costs	
Leased employees – maintenance:	Full-time		\$	
	Part-time		\$	
Independent contractors – maintenance:	Full-time		\$	
	Part-time		\$	
	Projected Next 12 Months	Current Year	2nd Prior Year	3rd Prior Year
Annual Gross Receipts	\$	\$	\$	\$
# of pools serviced annually:				

Section III – Description of Operations

1. Please provide the percentage of operations under the following:

Type of Client	% of Operation	Type of Client	% of Operation
Apartments	%	Private Clubs	%
Commercial Pools	%	Residential	%
Condo/Homeowners' Associations	%	Water Amusement Parks/Wave Pools	%
Hotels/Motels	%	Other: List _____	%
Municipal Pools	%	Other: List _____	%

2. Does the applicants operation involve any:

- a. Installation, service or repair of diving boards or platforms over one (1) meter? Yes No
- b. Installation, service or repair of pool slides? Yes No

Section III – Description of Operations (continued)

- c. Servicing or maintenance for lakes or ponds? Yes No
- d. Construction, renovation, refurbishing or re-plastering of swimming pools? Yes No
- e. Excavation, blasting or use of explosive materials? Yes No

Please provide details for any "YES" answers above:

3. Does applicant manufacture or sell any products under their own label? Yes No

If YES, complete and submit Products Liability Supplemental Application.

4. Does the applicant store any chemicals? Yes No

If YES, are all chemicals EPA approved and stored in EPA-approved containers? Yes No

5. Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises? Yes No

If YES, type and quantity stored: _____

6. Any equipment loaned, leased or rented to others? Yes No

If YES, describe type of equipment: _____

Annual rental receipts: \$ _____

7. Does the applicant rent portable spas? Yes No

8. Does applicant have other business ventures for which coverage is not requested? Yes No

If YES, explain and advise where insured: _____

Section IV – Liability Controls / Risk Transfer

1. Is applicant properly licensed where required by law? Yes No
License number: _____

2. Does applicant use a written contract with customers? Yes No
If NO, explain when not required:

3. Do you have Workers' Compensation coverage in force? Yes No

4. Does applicant subcontract work? Yes No

If YES, please complete the following:

- a. Does the applicant use a written contract with subcontractors? Yes No

b. Type of work subcontracted: _____

- c. Are Certificates of Insurance required from all subcontractors? Yes No

- d. Do you require subcontractors to name you as additional insured? Yes No

- e. Are subcontractors required to carry primary limits equal to or greater than insureds? Yes No

- f. Are certificates of insurance obtained from all subcontractors prior to starting work? Yes No

If YES, how long are they retained after a job? _____

5. Are all operations in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

Section V – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No

If YES, please describe:

2. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues? Yes No

If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No

If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No

If YES, please describe:

5. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No

If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? Yes No

If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY