SWIMMING POOL CONTRACTORS, DEALERS AND INSTALLERS
SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

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| --- | --- |
| Applicant’s Name:             Location Address:              | Agency Name:       Agent No.:       Phone No.:        |

**PROPOSED EFFECTIVE DATE: From**        **To**       **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE” (N/A)

**1. Employee Data:**

|  |  |  |
| --- | --- | --- |
| Owner(s) Only | Number | Annual Payroll |
| Retail: Full Time |       | $      |
| Part Time |       | $      |
| Installation: Full Time |       | $      |
| Part Time |       | $      |

|  |  |  |
| --- | --- | --- |
| Leased/Subcontracted | Number | Annual Cost |
| Leased Employees |       | $      |
| Independent Contractors |       | $      |
|  |  |  |

**2. Receipts:**

|  |  |  |
| --- | --- | --- |
| In-ground Installation | Above-ground Installation | Retail |
| $      | $      | $      |

**3. Limited Coverage for Property Damage from Swimming Pool Pop Up limits:**

[ ]  $50,000 Occurrence/$100,000 Aggregate (included) [ ]  Other Limits:       [ ]  Exclude

**4. Does applicant or subcontractors use explosives?** [ ]  Yes [ ]  No

If yes, complete and submit the Blasting Contractors Supplemental Application, GLS-APP-67s.

**5. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging?** [ ]  Yes [ ]  No

**6. If shoring is required on a job, does applicant use OSHA-approved equipment and techniques?** [ ]  Yes [ ]  No

**7. Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment?** [ ]  Yes [ ]  No

Equipment is: [ ]  Owned [ ]  Rented

If rented, attach a copy of the certificate of insurance from the rental company.

**8. Does applicant rent portable spas?** [ ]  Yes [ ]  No

**9. Does applicant have any products designed or manufactured by or for them under their own
label?** [ ]  Yes [ ]  No

If yes, complete and submit the Products Liability Application, GLS-APP-2.

**10. Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises?** [ ]  Yes [ ]  No

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| If yes, type and quantity stored:       |

**11. Any equipment loaned, leased or rented to others?** [ ]  Yes [ ]  No

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| If yes, describe type of equipment and annual rental receipts:       |

**12. Does applicant provide lifeguard services?** [ ]  Yes [ ]  No

**13. Does applicant perform pool servicing, repair, cleaning or chemical maintenance?** [ ]  Yes [ ]  No

**14. Does applicant subcontract work?** [ ]  Yes [ ]  No

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| If yes, describe type of work:       |

**15. Are certificates of insurance obtained from subcontractors?** [ ]  Yes [ ]  No

Minimum limits required of subcontractors:

**16. Does applicant install diving boards, slides or other accessories?** [ ]  Yes [ ]  No

If yes, indicate estimated number of diving boards or slides installed annually for each of the following:

|  |  |  |
| --- | --- | --- |
|  | **Diving Boards** | **Slides** |
| Under 10 feet in height |       |       |
| Over 10 feet in height |       |       |

Describe other accessories installed:

Does applicant install water slides for commercial clients? [ ]  Yes [ ]  No

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

**18. Does applicant comply with the National Spa & Pool Institute’s (NSPI) minimum standards of pool installation?** [ ]  Yes [ ]  No

**19. Does applicant sell products other than pool supplies?** [ ]  Yes [ ]  No

If yes, nature of items sold:

**20. Are all chemicals EPA-approved and stored in EPA-approved containers?** [ ]  Yes [ ]  No

**21. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** [ ]  Yes [ ]  No

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| --- |
| If yes, describe:       |

**22. Does applicant have other business ventures for which coverage is not requested?** [ ]  Yes [ ]  No

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| If yes, explain and advise where insured:       |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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 include imprisonment, fines, and denial of insurance benefits.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S SIGNATURE: DATE:

CO-APPLICANT’S SIGNATURE: DATE:

PRODUCER’S SIGNATURE: DATE:

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| --- | --- | --- |
|  | **IMPORTANT NOTICE** |  |
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| As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. |