



SWIMMING POOL MAINTENANCE AND MANAGEMENT SUPPLEMENTAL APPLICATION

(Complete in addition to the ACORD General Liability Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Phone No.: _____
 E-mail: _____

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)

A. GENERAL INFORMATION:

1. 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

If yes, describe: _____

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

If yes, explain and advise where insured: _____

B. POOL MAINTENANCE OPERATIONS:

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Maintenance: Full-time		\$
Part-time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees—maintenance: Full-time		\$
Part-time		\$
Independent contractors—maintenance: Full-time		\$
Part-time		\$

1. Limited Coverage For Property Damage From Swimming Pool Pop Up limits:

\$50,000 each occurrence/\$100,000 aggregate (included) Other Limits: _____ Exclude

2. Does applicant rent portable spas?..... Yes No

3. Does applicant manufacture or sell any products under their own label?..... Yes No
If yes, complete and submit the Products Liability Application.

4. Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises?..... Yes No
If yes, type and quantity stored: _____

5. Any equipment loaned, leased or rented to others?..... Yes No
If yes, describe type of equipment and annual rental receipts: _____

6. Does applicant subcontract work?..... Yes No
If yes, describe type of work: _____

7. Are certificates of insurance obtained from subcontractors?..... Yes No

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

9. Are all chemicals EPA-approved and stored in EPA-approved containers?..... Yes No

10. Does applicant offer services other than pool maintenance?..... Yes No
If yes, explain: _____

11. Any swimming pool construction, renovation, refurbishing or replastering operations?..... Yes No
If yes, explain: _____

12. Any servicing or maintenance for lakes or ponds?..... Yes No
If yes, explain: _____

C. POOL MANAGEMENT OPERATIONS:

Employee Data		Number	Annual Payroll
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Leased Employees		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Independent Contractors		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

1. Sexual and/or Physical Abuse Coverage limits:

- \$25,000 Each Claim/\$50,000 Aggregate (included)
- \$50,000 Each Claim/\$100,000 Aggregate
- \$100,000 Each Claim/\$300,000 Aggregate

2. Number of pool services annually:

3. Are all lifeguards and instructors American Red Cross certified or equivalent?..... Yes No

4. Do lifeguards/instructors teach diving, skin diving or scuba classes?..... Yes No

5. Type of clients serviced:

- Condo/HOA
- Hotels/Motels
- Lakes/Ponds
- Municipal pools
- Ocean beaches, private
- Ocean beaches, public
- Private clubs
- Private homes
- Public beaches
- Water amusement parks
- Wave pools
- Other (describe): _____

6. Any clients with wave pools or pools with slides or diving boards/platforms in excess of ten (10) feet?..... Yes No

7. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?..... Yes No

8. Does applicant offer services other than those related to swimming pool management operations?..... Yes No

If yes, explain: _____

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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

PRODUCER'S ADDRESS: _____

IMPORTANT NOTICE

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.