

**SWIMMING POOL CONTRACTOR GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Applicant's Name:	Agency Name: Agency Location:
Mailing Address:	Agent Name:
Location Address:	Applicant's E-mail Address:
Website Address:	Applicant's Phone:
<b>PROPOSED EFFECTIVE DATE: FROM _____ TO _____</b> <b>12:01 A.M., Standard Time at the address of the applicant</b>	

<b>Applicant is:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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<b>1.</b>	<b>APPLICANT INFORMATION</b>	
<b>a.</b>	Years in business	
<b>b.</b>	Description of Operations – check all that apply <input type="checkbox"/> Above Ground: <input type="checkbox"/> Installation <input type="checkbox"/> Servicing <input type="checkbox"/> Repair <input type="checkbox"/> Dealer <input type="checkbox"/> Below Ground: <input type="checkbox"/> Installation <input type="checkbox"/> Servicing <input type="checkbox"/> Repair <input type="checkbox"/> Dealer	
<b>c.</b>	Number of Owner/Partners Payroll	
<b>d.</b>	Does applicant have other business ventures for which coverage is not requested? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Receipts – Sales Retail – Above Ground Retail – In Ground Installation – Above Ground Installation – In Ground	\$ \$ \$ \$

<b>2.</b>	<b>EMPLOYEE DATA</b>		
<b>a.</b>	<b>Employee type</b>	<b>Number</b>	<b>Annual Payroll</b>
	Retail Full Time		\$
	Retail Full Time		\$
	Installation – Full Time		\$
	Installation – Full Time		\$
<b>b.</b>	Does applicant have Workers' Compensation coverage in force?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Does applicant subcontract work? If yes, describe work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	<b>Leased or Sub-contracted</b>	<b>Number</b>	<b>Annual Cost</b>
	Leased Employees		\$
	Independent Contractors		\$
<b>e.</b>	Does applicant obtain certificates of insurance from all subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>3.</b>	<b>LIABILITY CONTROLS</b>		
<b>a.</b>	Does applicant or their subcontractors use explosives? If yes, describe and <b>SUBMIT</b> :		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	If shoring is required on a job, does applicant use OSHA approved equipment and techniques?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Does applicant have sufficient signs, barricades, and fences to keep non-employees at a safe distance from job sites and equipment? Equipment is : <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, attach copy of certificate of insurance from rental company.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Does applicant rent portable spas? If yes, <b>PROHIBITED</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Does applicant manufacture above ground pools? If yes <b>PROHIBITED</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g.</b>	Does applicant manufacture or sell any products under their own label? If yes provide complete description:		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award pay-able from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

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

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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 and may be subject to fines and confinement in prison.

**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.

**NEW YORK 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 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.

**APPLICANT'S STATEMENT:**

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

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

**IMPORTANT NOTICE**

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.