

Swimming Pool Contractors, Dealers and Installers Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Nan	ne of Applicant:						
Wel	o site Address:						
	Employee Data	Number	Annual Payroll	S	Sales		
Ov	vner(s) only		\$	In-ground	Above-ground		
Re	tail: Full Time		\$	\$	\$		
	Part Time		\$	In-ground	Above-ground		
Ins	tallation: Full Time		\$	\$	\$		
	Part Time		\$				
	Leave Leave Characteristic	N		A 1 O 1			
Leased or Subcontracted		Number		Annual Cost			
	ased employees			\$			
	Independent Contractors \$						
1.	Does applicant or their subcontractors use explosives?						
	If yes, describe:						
2.	. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging?						
3.	If shoring is required on a job, does applicant use OSHA approved equipment and techniques? ☐ Yes ☐ N						
4.	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:						
	If rented, attach a copy of the certificate of insurance from the rental company.						
5.	Does applicant rent portable spas?				□ Yes □ No		
	Does applicant manufacture or sell any products under their own label? ☐ Yes ☐ Note of the self						
7.	Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on premises? ☐ Yes ☐ No lif yes, type and quantity stored:						
	in you, type and quantity stored.						
8.	Any equipment loaned, leased or rented						
	If yes, describe type of equipment and annu	uai rentai receip	IS:				

9.					
10.					
11.	Does applicant subcontract work?				
	If yes, describe type of work:				
12.	Are certificates of insurance obtained from subcontractors?				
13.	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 clie	ents?			
14.	Does applicant comply with the National Spa & Popool installation?	ool Institute's (NSPI) minimum standards of			
15.	Does applicant sell products other than pool supp	olies? Yes No			
	If yes, nature of items sold:				
16.	Are all chemicals EPA approved and stored in EF	PA approved containers? Yes No			
17.	Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☐ No				
17.	If yes, explain and advise where insured:				
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AP	PPLICABLE IN THE STATE OF NEW YORK:				
an co	ce or statement of claim containing any materially false	y insurance company or other person files an application for insur- e information, or conceals for the purpose of misleading, information ent insurance act, which is a crime, and shall also be subject to a lated value of the claim for each such violation.			
FR	AUD WARNING:				

an co	ce or statement of claim containing any materially fals	y insurance company or other person files an application for insur- e information or conceals for the purpose of misleading, information ent insurance act, which is a crime and subjects such person to			
PR	ODUCER'S SIGNATURE:	DATE:			
ΑP	PLICANT'S SIGNATURE:	DATE:			
AG	SENT NAME:	AGENT LICENSE NUMBER: o Florida Agents Only.)			
	(Applicable to	Florida Agents Only.)			
IO ¹	WA LICENSED AGENT:				