



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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Swimming Pool Contractors, Dealers and Installers Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Name of Applicant: _____

Employee Data	Number	Annual Payroll	Sales	
Owner(s) only		\$	In-ground	Above-ground
Retail: Full Time		\$	\$	\$
Part Time		\$	In-ground	Above-ground
Installation: Full Time		\$	\$	\$
Part Time		\$		

Leased or Subcontracted	Number	Annual Cost		
Leased employees		\$		
Independent Contractors		\$		

1. Does applicant or their subcontractors use explosives? Yes No
 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? Yes No

3. If shoring is required on a job, does applicant use OSHA approved equipment and techniques? Yes No

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

5. Does applicant rent portable spas? Yes No

6. Does applicant manufacture or sell any products under their own label? Yes No
 If yes, complete and submit Products application, GLS-APP-2.

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

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

9. Does applicant subcontract work? Yes No

If yes, describe type of work: _____

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

11. 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: _____

12. Does applicant comply with the National Spa & Pool Institute's (NSPI) minimum standards of pool installation? Yes No

13. Does applicant sell products other than pool supplies? Yes No

If yes, nature of items sold: _____

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

APPLICABLE IN THE STATE OF 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.

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.

PRODUCER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)