



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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Swimming Pool Maintenance and Management Supplemental Application
 (COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY)

Name of Applicant: _____

MAINTENANCE

Employee data	Number	Annual payroll
Owner(s) only		\$
Cleaning: Full-Time		\$
Part-Time		\$

Leased or subcontracted	Number	Annual cost
Owner(s) only		\$
Cleaning: Full-Time		\$
Part-Time		\$

- Does applicant rent portable spas? Yes No
- Does applicant manufacture or sell any products under their own label? Yes No
 If yes, complete and submit Products application, GLS-APP-2.
- Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on premises? Yes No
 If yes, type and quantity stored: _____
- Any equipment loaned, leased or rented to others? Yes No
 If yes, describe type of equipment and annual rental receipts: _____

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

- Are certificates of insurance obtained from subcontractors? Yes No
- Does applicant offer services other than pool services? Yes No
 If yes, nature of service: _____
- Are all chemicals EPA approved and stored in EPA approved containers? Yes No

POOL MANAGEMENT OPERATIONS

	Number	No. Of Pools Serviced Annually
Lifeguards: Full-time		
Part-time		
Instructors: Full-time		
Part-time		

Leased Or Subcontracted	Number	Annual Cost
Leased Employees		\$
Independent Contractors		\$

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

Type of clients serviced:

- Municipal Pools
 Private Clubs
 Hotels/Motels
 Condo/HOA
 Lakes
 Ocean Beaches
 Water Amusement Parks
 Other (describe): _____

10. Any clients with wave pools or pools with slides or diving boards/platforms in excess of 10 feet? 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.)