

Swimming Pool Contractors, Dealers and Installers Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____
 AKA / DBA: _____
 Mailing Address: _____
 Loc Address: _____
 Area of Ops: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Projected Cost Subcontracted Work (labor & materials)		Insured	Uninsured
		\$ _____	\$ _____
Total Receipts \$ _____			

TYPE OF WORK

Provide a description of the type of work done by _____
 you and your employees:

% of Work	Breakdown %	% New	% Remodel	Tot New/Remodel
Residential	_____	_____	_____	100%
Commercial	_____	_____	_____	100%
Industrial	_____	_____	_____	100%
Total Work	100%			

- Does applicant or its subcontractors use explosives? Yes No
- Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No
- If shoring is required on a job, does applicant use OSHA approved equipment and techniques? Yes No
- Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? Yes No
- Does applicant rent portable spas? Yes No
- Does applicant manufacture or sell any products under its own label? Yes No
- Any equipment loaned, leased or rented to others? Yes No
- If yes, describe type of equipment and annual rental receipts:
- Any mobile equipment leased to others? Yes No
- Any roofing operations? Yes No

Any foundation work being done?

Yes No

OTHER

Have you ever been involved in any construction defect claims?

Yes No

If you use subs, are certificates of insurance obtained from subcontractors?

Yes No

Do you require all subs to have equal limits?

Yes No

Are you named as an additional insured on all subcontractors' policies?

Yes No

Are written contracts in place with all subcontractors which include a hold harmless agreement in your favor?

Yes No

Do you normally use the same subcontractors?

Yes No

CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes

No

If "Yes", please explain: _____

Loss information for the past 3 years:

No losses

No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

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.

Applicable in Colorado

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: 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.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine

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.

Applicable in Maryland

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

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

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 civil fines and criminal penalties.

Applicable in 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.

Applicable in Ohio

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.

Applicable in Oklahoma

WARNING: 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.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

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.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____