

Swimming Pool Contractors Supplemental Application



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 P.O. Box: _____ City: _____ State: _____ Zip Code: _____
 Telephone: _____ Website: _____
 State(s) / Area of Operation: _____ Licensed for Business in State(s): _____
 Years in Business: _____ Contractor License #: _____
 Industry Experience: _____
 Description of Operations: _____

Section II – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontracting Costs
5th Prior Year	\$	\$	\$
4th Prior Year	\$	\$	\$
3rd Prior Year	\$	\$	\$
2nd Prior Year	\$	\$	\$
Current Year	\$	\$	\$
Projected Next 12 Months	\$	\$	\$

2. Please provide number of employees in each category:

Owner(s) Only: _____ Other than Clerical: _____ Clerical: _____
 Full-Time: _____ Part-Time: _____ Leased: _____
 Other: Describe: _____

Section III – Operations

1. Please indicate work performed.

Breakdown of Operations	% of Operations	Payroll
Installation of above-ground pools	%	\$
Installation of in-ground pools	%	\$
Installation of indoor pools	%	\$
Installation of Hot Tubs and/or Spas	%	\$
Service & Maintenance of Pools & Spas If YES, include completed Swimming Pool Maintenance Supplemental Application.	%	\$
Other Operations: Describe: _____	%	\$

2. List percentage of operation under the following:

Apartments: _____ % Municipal Pools: _____ % Commercial Pools: _____ % Other: _____ %
 Private Homes: _____ % Condo/HOA: _____ % Hotels/Motels: _____ % Other: _____ %

Section III – Operations (continued)

3. Have you installed pools currently or in the past five (5) years for homeowner associations, condominiums or developers of tract housing? Yes No
4. Do you do any installation or service work for waterparks, theme parks or amusement parks currently or in the past five (5) years? Yes No
5. Do you install swimming pools, spas or hot tubs on rooftops or upper floors? Yes No
6. Do you provide seasonal opening and closing services? Yes No
- If YES, who provides the pool covers:** Owners Insured

Section IV – Other Operations

1. Do you in any way perform work (i.e., install, service, repair, move or remove) on diving boards? Yes No
- If YES, percent of jobs:**
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2. Do you in any way perform work (i.e., install, service, repair, move or remove) on diving boards > 3 meters (10 feet) in height? Yes No
- If YES, provide details:**
-
3. Is all diving board and/or slide work (install, service, repair, move or remove) performed in full compliance with ANSI/APSP standards? Yes No
4. Do you sell any pool chemicals or other products with your name on the label? Yes No
- a. If YES, do you obtain hold harmless or indemnity agreements from your suppliers or manufacturers? Yes No
- b. Are all chemicals EPA approved and stored in EPA-approved containers? Yes No
5. Do you import any foreign products? Yes No
- If YES, provide list indicating percentage of total sales.**
6. Does the applicant or their subcontractors use explosives? Yes No
- If YES, provide details:**
-

Section V – Jobsite Safety & Liability Controls

1. Does the applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No
2. Do you test the soil at the jobsite for soil types and proper compacting before excavating? 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 jobsites and equipment? Yes No
5. Do you have drainage guidelines to prevent pool “pop up”? Yes No
6. Do you comply with the National Spa and Pool Institute’s minimum standards of pool installation? Yes No
7. Are all pools fitted with vortex protection devices? Yes No
8. Do you retrofit pools installed in earlier years with vortex protection devices? Yes No
9. Do you follow ANSI/APSP-7 standards to identify suction entrapment hazards on all projects? Yes No
- a. If YES, do you obtain hold harmless or indemnity agreements from your suppliers or manufacturers? Yes No
- b. If YES, Are all chemicals EPA approved and stored in EPA-approved containers? Yes No
10. Have you had any Virginia Graeme Baker (VGB) compliance-related losses? Yes No

If YES, provide details:

11. Does the applicant have a formal safety program in place? Yes No
12. Do you have regular safety meetings? Yes No
13. Do you conduct regular worksite inspections? Yes No

Section VI – Risk Transfer

1. Does applicant use a written contact with customers Yes No
2. Does applicant subcontract work? Yes No
- If YES, please complete the following:**
- a. Does the applicant use a written contract with subcontractors? (Please provide copy.) Yes No
- b. Type of work subcontracted: _____
- c. Are Certificates of Insurance required from all subcontractors prior to starting work? Yes No
- d. How long do you retain those certificates? _____
- e. Do you require subcontractors to name you as additional insured? Yes No
- f. Are subcontractors required to carry general liability insurance greater or equal to insured? Yes No
3. Do you have Workers' Compensation coverage in force? Yes No

Section VII – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? Yes No
- If YES, please describe:**
- _____
2. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence issues? Yes No
- If YES, please describe:**
- _____
3. Has the applicant ever been accused of breaching a contract in the past five (5) years? Yes No
- If YES, please describe:**
- _____
4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? Yes No
- If YES, please describe:**
- _____
5. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? Yes No
- If YES, please describe:**
- _____
6. Has the applicant ever had a lapse in GL coverage? Yes No
- If YES, please describe:**
- _____

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

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 denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY