



New England Excess Exchange, Ltd.
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POOL AND SPA SERVICING CONTRACTORS APPLICATION SUPPLEMENT

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Contact Name: Title: Phone No.:

4. Applicant is: Individual Partnership Corporation LLC Trust
 Other (specify):

5. Effective Date Desired: Federal ID Number:

6. Number of Employees: Full Time: Part Time:

7. Number of Years in Business:

8. Class of Work (must equal 100%): Residential: % Commercial: %

9. Type of Work:	Receipts	Payroll
Pool and Spa Servicing	\$	\$
New Construction	\$	\$
Repair and Maintenance	\$	\$
Pool Supplies Sales	\$	\$
Other (describe):	\$	\$
Total	\$	\$

- | | Yes | No |
|---|--------------------------|--------------------------|
| 10. Do you do any installation, construction, and/or repair of below or above ground pools, spas and equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you do any installation of ladders, slides and/or diving boards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you do any maintenance of lakes or ponds?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Type of work: | | |
| b. Are certificates of insurance on file? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the applicant named as additional insured on their policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are coverage and limits equal to or greater than applicant's policy limits? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there a hold harmless agreement in favor of applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Percent and total cost of work subcontracted to others:
\$ % | | |
| 14. Do you draw plans, designs, specifications, or provide consulting services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you sponsor any sporting teams? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you manufacture or sell any products under your own label?
If yes, describe: | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you rent any portable spas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you loan, lease or rent any equipment to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you use hazardous chemicals?
If yes: a. how are they disposed?
b. how are they stored? | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL LIABILITY – Limits Requested

General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expense (any one person)	\$

CARRIER & LOSS HISTORY – Attach separate sheet if necessary**Must include carrier and loss history information for prior three years.**

20. General Liability:

21. Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

 No Yes - If Yes, give name of company, date, and reason:

FRAUD STATEMENTS

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**LOUISIANA and 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 include imprisonment, fines, and denial of insurance benefits.Refer to the Core Application for all Fraud Statements.

IMPORTANT NOTICE**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Agent Name and Address		
