

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY****CONTRACT DIVISION - SWIMMING POOL CONTRACTORS - SUPPLEMENTAL APPLICATION**

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

YEARS IN BUSINESS / EXPERIENCE

____ Years in business as the 'Named Insured' indicated on this application

____ Years' experience in the operations indicated on this application - Attach resumes if available

- Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

- Applicant in receivership
 Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

- Licensed License Number: _____ Year License Issued: _____

CONTRACTS

- Contracts: Written contracts are always used with third parties. If not, explain:

LOSS HISTORY

- Three years of loss history information on ACORD application or attached to this application

OPERATIONS

States where work is anticipated during the policy term:

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DESIGN / CONSTRUCTION - STANDARDS

- Construction always meets Federal swimming pool/spa drain cover standards found in the Virginia Graeme Baker Pool and Spa Safety Act

EXPOSURES

- | | | | |
|--------------------------|---|---|-----------------------|
| Cranes used | <input type="checkbox"/> Yes | <input type="checkbox"/> Crane related work subcontracted | |
| Diving Boards | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Residential Use | Maximum Height: _____ |
| Pools – Above Ground | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Residential Use | |
| Pools – Below Ground | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Residential Use | |
| Pools – Spa Type/Hot Tub | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Residential Use | |
| Waterslides | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Residential Use | Maximum Height: _____ |

DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSUREDS

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.

- Discontinued Operations for this application’s Named Insured(s) in the past 10 years. Provide details below:

- Operated under a different ‘Named Insured(s)’ in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable, except in TX subject to guidelines.

- **Describe type of work performed by subcontractors:**

- Risk Transfer – Subcontractors:

- A.I.A. Standards followed when establishing contracts with subcontractors
- Additional Insured – Status granted to you on the subcontractor’s policy
- Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.
- Hold harmless and Indemnification Agreements – Required from subcontractors
- Job to Job - Same set(s) of subcontractors usually used
- Limits of Liability - Subcontractors are required to carry limits equal or above your own
- Uninsured subcontractors – Sometimes used – Explain:

- Workers compensation (if applicable) – Subcontractors required to have their own WC

EMPLOYEES

- Number of Employees (include leased employees): _____

- Describe type of work performed by employees:

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PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner)	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$
Cost of Insured Subs (if any)	\$
Cost of Uninsured Subs (if any)	\$

RECEIPTS

All Operations	\$
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COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Broadened Property Damage for Swimming Pools (Pop-Up) – U502A
- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery (i.e. Identity Theft) – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Professional Extension – Contractors Professional Liability Coverage – (Limited Coverage) – U146
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE