



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SWIMMING POOL CONTRACTOR'S SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

| | | | |
|---|----------------|--|---------------|
| Named Insured: | | | |
| Brokerage/Broker: | | | Agency/Agent: |
| Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Policy Number: | | |
| Effective Date: | | | |
| Website: | | | |

2)

Current Carrier Information:

| | | | |
|--|---|-------------------|--|
| Carrier: | | | |
| Limit of Insurance: | | | |
| Deductible: | | | |
| Premium: | | | |
| Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/> | Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/> | Retroactive date: | |

Please attach copies of the following:

- Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- A brochure, description of operations, or marketing materials if a website is not available

3)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

4)

Your premise address (if different from above): _____

City: _____ State: _____ Zip Code: _____

5)

Audit/Inspection contact: _____

a. Phone number: _____

b. Email: _____

6)

How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs and indicate if they are to be covered)? _____

a. If you are new in business, please describe your prior experience: _____

7) In what states do you operate? _____

8) Are you licensed in all states in which you operate? Yes No

a. License Number(s): _____

9) Please complete the following for your revenue history and projections:

| | Estimated Upcoming Year | Last 12 Months | 1 Year Prior | 2 Years Prior | 3 Years Prior |
|----------------------------|-------------------------|----------------|--------------|---------------|---------------|
| Gross Annual Receipts | | | | | |
| Employee Payroll | | | | | |
| Cost of Subcontracted Work | | | | | |

10) Please complete the following table for your breakdown of work location. Check all that apply:

| Location of Work: | Percentage of Total Operations: | Percentage of Work Done by Your Employees: | Percentage of Work Done by Subcontractors: | Revenue from Operation: |
|--|---------------------------------|--|--|-------------------------|
| <input type="checkbox"/> New Residential Single Home | | | | |
| <input type="checkbox"/> Existing Single Home | | | | |
| <input type="checkbox"/> Neighborhood Aquatic Center | | | | |
| <input type="checkbox"/> Apartment/Condo/Townhouse | | | | |
| <input type="checkbox"/> School/College | | | | |
| <input type="checkbox"/> Public Aquatic Center | | | | |
| <input type="checkbox"/> Gymnasium/Athletic Facility | | | | |
| <input type="checkbox"/> Water Park/Amusement Park | | | | |
| <input type="checkbox"/> Spa/Bath House | | | | |
| <input type="checkbox"/> Hotel/Motel/Resort | | | | |
| <input type="checkbox"/> Other Commercial Location | | | | |
| <input type="checkbox"/> Other Public Location | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| TOTAL | 100% | | | |

11) Please complete the following table for your breakdown of work by type:

| Type of Work: | Percentage of Total Operations: | Percentage of Work Done by Your Employees: | Percentage of Work Done by Subcontractors: | Revenue from Operation: |
|---|---------------------------------|--|--|-------------------------|
| <input type="checkbox"/> Outdoor In-Ground Pool Installation | | | | |
| <input type="checkbox"/> Outdoor Above-Ground Pool Installation | | | | |
| <input type="checkbox"/> Outdoor Infinity Pool Installation | | | | |
| <input type="checkbox"/> Outdoor Rooftop Pool Installation | | | | |
| <input type="checkbox"/> Outdoor Pool Service/Repair | | | | |

| | | | | |
|--|------|--|--|--|
| <input type="checkbox"/> Indoor In-Ground Pool Installation | | | | |
| <input type="checkbox"/> Indoor Elevated Pool Installation | | | | |
| <input type="checkbox"/> Indoor Pool Service/Repair | | | | |
| <input type="checkbox"/> Outdoor Hot Tub Installation | | | | |
| <input type="checkbox"/> Indoor Hot Tub Installation | | | | |
| <input type="checkbox"/> Hot Tub Service/Repair | | | | |
| <input type="checkbox"/> Pool Slide or Diving Board Installation | | | | |
| <input type="checkbox"/> Pool Waterfall or Fountain Installation | | | | |
| <input type="checkbox"/> Landscaping Water Feature Installation | | | | |
| <input type="checkbox"/> Indoor Water Feature or Fountain | | | | |
| <input type="checkbox"/> Man-Made Lake Construction | | | | |
| <input type="checkbox"/> Lake/Pond Dredging | | | | |
| <input type="checkbox"/> Splash Pad Construction | | | | |
| <input type="checkbox"/> Water Slide/Amusement Construction | | | | |
| <input type="checkbox"/> Motorized Pool Cover Installation | | | | |
| <input type="checkbox"/> Immersion Alarm Installation | | | | |
| <input type="checkbox"/> Lifeguarding Services | | | | |
| <input type="checkbox"/> Seasonal Pool Closing Services | | | | |
| <input type="checkbox"/> Pool Cleaning Services | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| <input type="checkbox"/> Other: _____ | | | | |
| TOTAL | 100% | | | |

a. If you are providing seasonal closing services, who is responsible for providing the pool cover? _____

b. If you are providing pool cleaning services, do you balance chemicals/pool pH? Yes No

12) Do you comply with the National Spa and Pool Institute's minimum standards of pool installation? Yes No

13) Describe your last 5 projects:

| Description | Dollar Value |
|-------------|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

14) Describe your 5 largest projects:

| Description | Dollar Value |
|-------------|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

- 15) Are all pools installed/constructed by you or on your behalf fitted with vortex protection devices? Yes No
- 16) If you service a pool that does not have a vortex protection device, do you inform the pool owner or manager of this fact and provide information about vortex device pool safety? Yes No
- 17) Do you offer vortex protection device pool retrofitting services? Yes No
- 18) Do you sell pool chemicals, supplies, or equipment to others? Yes No
- a. If yes, what are your annual receipts for these operations? _____
- b. Do you sell direct to consumers or clients? Yes No
- 19) Do you sell flotation devices, pool floats, or pool toys? Yes No
- a. If yes, what are your annual receipts for these operations? _____
- 20) If you are hiring subcontractors, please clarify the following:
- a. Do you usually hire the same subcontractors? Yes No
- b. Are subcontractors always insured? Yes No
- + If yes, what General Liability limits do you require subs to carry? _____
- + Do you confirm if these subs carry Workers Compensation insurance? Yes No
- c. Do you obtain certificates of insurance from all subcontractors? Yes No
- d. Are you named as an Additional Insured on all subcontractors' policies? Yes No
- e. Do you have a written contract with your subcontractors? Yes No
- f. Do all contracts contain a Hold Harmless clause in your favor? Yes No
- g. Do you use any leased employees? Yes No
- + If yes, are you responsible for providing Worker's Comp for these employees? Yes No
- h. Do you carry Worker's Compensation insurance? Yes No

WORKSITE SAFETY

- 21) Do you have a formal safety program? Yes No
- 22) Do you perform work on hillsides, terraces, former landfills, or on slopes? Yes No
- 23) Are all trenches, ditches, excavations, holes, et cetera made in the ground or in structure flooring properly and clearly identified and protected against to mitigate falling injury? Yes No
- a. Are all open excavations protected in accordance with OSHA guidelines? Yes No
- 24) Are you or your subcontractors involved in projects where removal of hazardous materials, asbestos, lead-based paints or chemical contamination is required? Yes No
- a. If yes, please provide details: _____
- 25) Do you provide a watchman or security at the job site? Yes No
- 26) Is the site fenced? Yes No
- 27) Is the site lighted? Yes No
- 28) What precautions are taken to protect the public from injury? Check all that apply:
- Cones Signs Area Roped/Barricaded Off
- Other: _____

- 29) Prior to any excavation or digging are you ensuring that all underground structures (utility lines, cables, sewers, etc.) are marked? Yes No

COVERAGE AND LOSS HISTORY

- 30) Has any licensing authority ever taken action against you or any of your employees? **If yes, please attach an explanation and copies of any regulatory authority letters.** Yes No
- 31) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 32) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? *For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.* **If Yes, please attach an explanation including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed.** Yes No
- 33) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages, or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction work injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company? **If Yes, please attach an explanation including the name(s) and location(s) of the projects where such operations were performed.** Yes No

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VIRGINIA APPLICANTS: 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____