

(Complete in addition to ACORD Application)

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

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1.	Number of years' experience:				
2.	Number of Employees: Full Time:		Part Time:		
3.	Class of Work: Residential:	%	Commercial:	%	Must equal 100%
4.	Type of Work:			Receipts	Payroll
	Pool and Spa Servicing			\$	\$
	New Construction			\$	\$
	Repair and Maintenance			\$	\$
	Pool Supplies Sales			\$	\$
	Other (describe):			\$	\$
	Total			\$	\$

		Yes	No
5.	Do you do any installation, construction, and/or repair of below or above ground pools, spas and equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you do any installation of ladders, slides and/or diving boards?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you do any maintenance of lakes or ponds?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, explain:		
8.	Do you draw plans, designs, specifications, or provide consulting services?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you sponsor any sporting teams?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you manufacture or sell any products under your own label?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, describe:		
11.	Do you rent any portable spas?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you loan, lease or rent any equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you use hazardous chemicals? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
	a. How are they disposed?		
	b. How are they stored?		

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

		Yes	No
1.	Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you utilize a standardized contract with all of your contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you require contractors to:		
	a. Carry General Liability coverage with coverage and limits equal or greater than your own?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Name you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Keep records?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Total cost of work contracted: \$		

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
