



Swimming Pool Contractor Supplemental Application

General Business Information:

| | | | |
|--|--------------|---------------------------------|--------|
| Name of Company (Include DBA or AKA): | | | |
| Address (City, State, Zip): | | | |
| Telephone Number: | | Website: | |
| Inspection Contact Name/E-mail address/Phone Number: | | | |
| Licenses Held | | License Numbers | |
| | | | |
| Company Years In Business: | | | |
| Total Years of Experience in this type of business: | | | |
| Active in any Other Lines of Business (Describe): | | | |
| Individual Owner: | Partnership: | Corporation: | Other: |
| Average # of Employees: | | Total Yearly Payroll \$: | |
| Estimated Annual Receipts \$: | | | |
| Largest Size of Job (Sales) \$: | | Typical Size of Job (Sales) \$: | |
| Describe <u>all</u> your operations in detail: | | | |

Subcontracting Activities:

| |
|---|
| % of Work Subcontracted to others: <div style="text-align: center; padding: 10px;"> Risk Transfer Activities: Certificates of Insurance (Coverage Limits Equal or Greater than </div> |
|---|

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER [FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.](#)



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| <p>s/Additional Applicant Status):</p> <p>Written Contracts with all Subcontractors that Includes a Hold Harmless agreement in applicant's Favor:</p> <p>Activities Subcontracted:</p> <p>% of Activities Working as a Subcontractor for Others (Describe Work Activity):</p> |
|---|

Type of Customers (Percentage of Each):

| | | |
|--|------------------------|------------|
| Residential | Commercial | Industrial |
| Institutional(Schools, Hospitals): | Municipal/Governmental | |
| Has the type of Business Activity Changed In the Last 3 years (Retail Store Exposure): | | |

Swimming Pool Contracting Activities:

| | | |
|--|-----------------|----------|
| % Installation | % Clean/Service | % Repair |
| Does the insured comply with the Association of Pool & Spa Professionals (APSP's) recommended construction standards for residential and (if applicable) commercial construction of in-ground pools (depth markers, ladder placement, fencing requirements, etc.)? | | |
| What type or types of in-ground pools does the applicant specialize in - vinyl-lined, concrete/gunite or fiberglass? | | |
| Does the applicant offer any guarantees or warranties on its services? | | |

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If the applicant installs new in-ground pools at commercial or public venues, are they compliant with all safety requirements as specified in the federal Virginia Graehme Baker Pool and Spa Safety Act?

How much training do the applicant's technicians have with regard to the installation of common aftermarket safety devices, especially anti-entrapment safety drain covers and safety vacuum release systems (SVRSs)?

Does the insured install a hydrostatic valve at the deepest part of any in-ground pools

Does the applicant offer pool support services (opening/closing, winterizing)?

Does the insured keep records of all its customers and call to remind them when it is time for routine maintenance services to be performed on essential system parts and pool equipment?

What is the average number of daily and weekly installation and/or service calls made by the applicant?

Does the applicant sell only EPA-registered pool chemicals? How and where does the applicant store pool chemicals?

Other Activities:

% Sales of Swimming Pool Equipment (inflatable toys (e.g., rafts, beach balls, hoops/rings, children's arm band "floaties," etc.):

Is the applicant an authorized distributor of any brand-name pools?

Does the applicant have any working aboveground or in-ground pools on display?

Equipment:

Do you rent, lease or borrow equipment from others?

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With Operators?

Type of equipment rented/leased:

Do you lease, rent or loan out equipment to others?

With Operators?

Equipment maintenance program in place?

Current Job Sites:

| Job Name | Job Description | Job Cost \$ |
|-----------------------|-----------------|-------------|
| | | |
| | | |
| | | |
| Radius of Operations: | | |
| Out of State Work %: | | |

Three Year Loss Information:

| Date | Description of Loss | Amount Paid/Incurred |
|------|---------------------|----------------------|
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P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

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Comments:

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Signature

Producer Name & Address

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