



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “**NOT APPLICABLE.**”

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

Loc #	BLD #	Street, City, County, State, Zip Code	City Limits	Interest
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant
			Inside	Owner
			Outside	Tenant

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

Year	Company	Policy #	Premium
Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]):			

Date of Loss	Losses Paid/ Reserved	Description of Loss
Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why?		

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

COMMERICAL LIABILITY SECTION

LIMITS

GENERAL AGGREGATE	\$ _____	EMPLOYEE BENEFITS LIABILITY	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____	DEDUCTIBLE PER CLAIM:	\$ _____
PERSONAL & ADVERTISING INJURY	\$ _____	RETROACTIVE DATE:	_____
EACH OCCURRENCE	\$ _____	NUMBER OF EMPLOYEES:	_____
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$ _____		
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____		

6. Does applicant subcontract work? Yes No

If so, state type: _____

What is the cost (labor & materials) of subcontracted work? \$ _____

Are Certificates of Insurance required from all subcontractors? Yes No

7. Description of Exposures:

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE

RATING AND PREMIUM BASIS	(P) PAYROLL – PER \$1,000 / PAY (exclude owners & clerical)	(C) TOTAL COST – PER \$1,000 / COST	(U) UNIT – PER UNIT
(S) GROSS SALES – PER \$1,000 / SALES	(A) AREA – PER 1,000 / SQ FT	(M) ADMISSIONS – PER 1,000 / ADM	(T) OTHER

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				
INTEREST	NAME AND ADDRESS	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED			LOCATION:	BUILDING:
WHAT IS THE RELATIONSHIP BETWEEN INSURED & ADDITIONAL INSURED?				



SWIMMING POOL MAINTENANCE AND MANAGEMENT SUPPLEMENTAL APPLICATION
(Complete in addition to ACORD General Liability Application)

Name of Applicant: _____

Web site Address: _____

Location Address: _____

A. POOL MAINTENANCE OPERATIONS

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Maintenance: Full-time		\$
Part-time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees—maintenance: Full-time		\$
Part-time		\$
Independent contractors—maintenance: Full-time		\$
Part-time		\$

1. **Limited Coverage For Property Damage From Swimming Pool Pop Up limits:**
 \$50,000 per occurrence/\$100,000 aggregate (included) Other Limits: _____ Exclude
2. **Does applicant rent portable spas?** Yes No
3. **Does applicant manufacture or sell any products under their own label?** Yes No
 If yes, complete and submit the Products Liability Application.
4. **Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises?** Yes No
 If yes, type and quantity stored: _____
5. **Any equipment loaned, leased or rented to others?** Yes No
 If yes, describe type of equipment and annual rental receipts: _____

6. **Does applicant subcontract work?** Yes No
 If yes, describe type of work: _____

7. Are certificates of insurance obtained from subcontractors? Yes No
8. Are all operations in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
9. Are all chemicals EPA approved and stored in EPA-approved containers? Yes No
10. Does applicant offer services other than pool maintenance? Yes No
If yes, explain: _____
11. Any swimming pool construction, renovation, refurbishing or replastering operations? Yes No
If yes, explain: _____
12. Any servicing or maintenance for lakes or ponds? Yes No
If yes, explain: _____

B. POOL MANAGEMENT OPERATIONS

Employee Data		Number	Annual Payroll
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Leased Employees		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Independent Contractors		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

1. **Sexual and/or Physical Abuse Coverage limits:**
 \$25,000 Per Claim/\$50,000 Aggregate (included)
 \$50,000 Per Claim/\$100,000 Aggregate
 \$100,000 Per Claim/\$300,000 Aggregate
2. **Number of pool services annually:** _____
3. **Are all lifeguards and instructors American Red Cross certified or equivalent?** Yes No
 Type of clients serviced:
 Condo/HOA Hotels/Motels Lakes/Ponds Municipal Pools
 Ocean Beaches Private Clubs Wave Pools Water Amusement Parks
 Other (describe): _____
- Do lifeguards/instructors teach diving, skin diving or scuba classes? Yes No
4. **Any clients with wave pools or pools with slides or diving boards/platforms in excess of ten (10) feet?** Yes No

5. Are all swimming pools, wading pools, hot tubs and spas in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?..... Yes No
6. Does applicant offer services other than those related to swimming pool management operations?..... Yes No
- If yes, explain: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS:

FRAUD WARNING: 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

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 a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

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

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (Applicable in Tennessee, Virginia and Washington): 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 NEW YORK APPLICANTS (Other than automobile): 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

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