



**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.