



**POOL & SPA SERVICING CONTRACTORS
APPLICATION**

12 MONTH

3 MONTH

Section I – General Information

Insured's Name: _____

Mailing Address: Street _____ City _____
State _____ Zip Code _____

Primary Contact's Name: _____ Title _____

E-mail Address: _____ Website: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Effective Date Desired: _____

Entity: Individual Partnership Corporation Joint Venture LLC Other (indicate) _____

Federal ID# _____ Workers' Compensation Carrier _____ Expiration Date _____

Number of years in business _____ If not in business 3 years, number of years' experience doing this work: _____

Class of Work (must equal 100%): Residential _____% Commercial _____%

Number of employees: Full-time _____ Part-time _____

PREVIOUS INSURANCE AND LOSS INFORMATION

INSURANCE CARRIER(S) AND PREMIUM HISTORY

	YEAR _____		YEAR _____		YEAR _____		YEAR _____		YEAR _____	
	Carrier	Premium	Carrier	Premium	Carrier	Premium	Carrier	Premium	Carrier	Premium
Property										
General Liability										
Tools/Equipment										
Other: _____										

NUMBER OF LOSSES AND LOSS AMOUNTS

	YEAR _____		YEAR _____		YEAR _____		YEAR _____		YEAR _____	
	Total \$ Losses	# Losses	Total \$ Losses	# Losses	Total \$ Losses	# Losses	Total \$ Losses	# Losses	Total \$ Losses	# Losses
Property										
General Liability										
Tools/Equipment										
Other: _____										

If any single claim(s) is \$10,000 or more, please explain the details here: _____

PROPERTY (Buildings further than 100 ft. apart should be considered separate locations. Attach photos of any buildings valued at \$100,000 or more.)

1. Have you or anyone with a financial interest in the property been convicted of arson or other crimes related to loss of owned property within the past five years or is a conviction pending? Yes No
2. Are tools, supplies and equipment in vehicles always locked up when vehicles are unattended? Yes No

3. Are premises well-maintained and housekeeping above average? Yes No

Location Address(es) – Include street address, city, county, state and zip code – Attach a separate sheet if necessary.

Location #1 _____

Mortgagee/Loss Payee _____

Location #2 _____

Mortgagee/Loss Payee _____

PROPERTY COVERAGES (Property coverages will be quoted at Replacement Cost unless otherwise requested.)

Loc. #	Bldg. #	Coverages*	Limit of Insurance	Deductible	# of Stories	Occupancy	Construction Type**	Sprinklered Y/N?
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				
			\$	\$				

UNDERWRITING INFORMATION

Loc. #	Bldg. #	Year Built	Age of Roof	Age of Electric	Age of Plumbing	Age of Heating	Square Ft.	Type of Alarm	Describe Other Occupancies	Distance to fire dept.	Fire dept. paid or volunteer	Hydrant within 2000 ft? Y or N

GENERAL LIABILITY

	LIMITS REQUESTED- SELECT ONE		
General Aggregate	\$300,000	\$500,000	\$1,000,000
Products & Completed Operations Aggregate	\$300,000	\$500,000	\$1,000,000
Personal & Advertising Injury	\$300,000	\$500,000	\$1,000,000
Each Occurrence	\$300,000	\$500,000	\$1,000,000
Fire Damage	\$ 200,000	Any one fire	
Medical Expense	\$ 5,000	Any one person	
Property Damage Deductible	\$	Per claim	

OPTIONAL COVERAGE: Limited Pollution Liability (Additional premium if wanted is \$_____)

RATING AND UNDERWRITING INFORMATION

1. Type of work performed (indicate both receipts and payrolls)

	Receipts	Payroll
a. Pool & Spa Servicing	\$ _____	\$ _____
b. New Construction	\$ <u>PROHIBITED</u>	<u>PROHIBITED</u>
c. Repair & Maintenance	\$ _____	\$ _____
d. Retail Store	\$ _____	\$ _____

e. Other _____ \$ _____ \$ _____
f. Other _____ \$ _____ \$ _____

2. Do you own any vacant land? Yes No If yes: Number of acres _____ Location Address of Land: _____

3. Do you use subcontractors? Yes No If yes:

a. What is the cost of subcontracted work? \$ _____

b. Type of work done by subcontractor _____

c. Do you require them to give you a certificate of insurance naming you as an additional insured? Yes No
If yes, what limits do you require the subcontractor to carry for General Liability? _____
Workers' Compensation? _____

d. Do you request an agreement holding you harmless from liability? Yes No

4. Do you draw plans, designs or specifications or provide consulting services? Yes No If yes, explain: _____

5. Do you sponsor any sports teams? Yes No If yes, explain: _____

6. Do you use hazardous chemicals? If yes: What chemicals? _____

How are they disposed? _____

How are they stored? _____

7. Are any additional insureds to be listed on your policy? Yes No If yes, list name, address and what is their relationship to your business (i.e., landlord, contractor, etc. – use the Additional Remarks section if there are more):

a. _____

b. _____

8. Do you operate any other businesses? Yes No If yes, describe: _____

Is the other business(es) insured separately? Yes No List carrier and policy dates: _____

ADDITIONAL REMARKS:

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 shall also be subject to a criminal and/or civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which materially affects this insurance has been withheld:

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____