Hull and Company/Atlanta
3525 Piedmont Road
Building 5, Suite 700
Atlanta, Georgia 30305
P. 770-643-2703

SWIMMING POOL CONTRACTORS, DEALERS AND INSTALLERS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

_____

Location Address: _____

_____

Agency Name: _____

Agent No.: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ **To** _____ **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Employee Data:

Owner(s) Only		Number	Annual Payroll
Retail:	Full Time		$
	Part Time		$
Installation:	Full Time		$
	Part Time		$

Leased/Subcontracted	Number	Annual Cost
Leased Employees		$
Independent Contractors		$

2. Receipts:

In-ground Installation	Above-ground Installation	Retail
$	$	$

3. Limited Coverage for Property Damage from Swimming Pool Pop Up limits:

☐ $50,000 Occurrence/$100,000 Aggregate (included) ☐ Other Limits: _____ ☐ Exclude

4. Does applicant or subcontractors use explosives? ..... ☐ Yes ☐ No

If yes, complete and submit the Blasting Contractors Supplemental Application, GLS-APP-67s.

5. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? ..... ☐ Yes ☐ No

6. If shoring is required on a job, does applicant use OSHA-approved equipment and techniques? ☐ Yes ☐ No

7. Does applicant have sufficient signs, barricades and fences to keep non-employees at a safe distance from job sites and equipment? ..... ☐ Yes ☐ No

Equipment is: ☐ Owned ☐ Rented

If rented, attach a copy of the certificate of insurance from the rental company.

8. **Does applicant rent portable spas?** ☐ Yes ☐ No

9. **Does applicant have any products designed or manufactured by or for them under their own label?** ☐ Yes ☐ No

   If yes, complete and submit the Products Liability Application, GLS-APP-2.

10. **Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises?** ☐ Yes ☐ No

    If yes, type and quantity stored: _____

11. **Any equipment loaned, leased or rented to others?** ☐ Yes ☐ No

    If yes, describe type of equipment and annual rental receipts: _____

12. **Does applicant provide lifeguard services?** ☐ Yes ☐ No

13. **Does applicant perform pool servicing, repair, cleaning or chemical maintenance?** ☐ Yes ☐ No

14. **Does applicant subcontract work?** ☐ Yes ☐ No

    If yes, describe type of work: _____

15. **Are certificates of insurance obtained from subcontractors?** ☐ Yes ☐ No

    Minimum limits required of subcontractors: _____

16. **Does applicant install diving boards, slides or other accessories?** ☐ Yes ☐ No

    If yes, indicate estimated number of diving boards or slides installed annually for each of the following:

	Diving Boards	**Slides**
Under 10 feet in height		
Over 10 feet in height		

    Describe other accessories installed: _____

    Does applicant install water slides for commercial clients? ☐ Yes ☐ No

17. **Are all operations in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act?** ☐ Yes ☐ No

18. **Does applicant comply with the National Spa & Pool Institute's (NSPI) minimum standards of pool installation?** ☐ Yes ☐ No

19. **Does applicant sell products other than pool supplies?** ☐ Yes ☐ No

    If yes, nature of items sold: _____

20. **Are all chemicals EPA-approved and stored in EPA-approved containers?** ☐ Yes ☐ No

21. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** ☐ Yes ☐ No

    If yes, describe: _____

22. **Does applicant have other business ventures for which coverage is not requested?** ☐ Yes ☐ No

    If yes, explain and advise where insured: _____

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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 VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

NEW YORK 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

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.