

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 18700 North Hayden Road
 Scottsdale, Arizona 85255

**SWIMMING POOL CONTRACTORS, MAINTENANCE AND MANAGEMENT
 SUPPLEMENTAL APPLICATION**

(Complete in addition to the ACORD Application)

Applicant's Name: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Phone No.: _____
 E-mail: _____

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)

A. GENERAL INFORMATION:

1. **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: _____
2. **Does applicant have any other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured: _____
3. **Is Applicant licensed?** Yes No
License number: _____
4. **Number of years in business?** _____
5. **Limited Coverage for Property Damage From Swimming Pool Pop Up limits:**
 \$50,000 each occurrence/\$100,000 aggregate (included) Other Limits: _____ Exclude
6. **Does applicant rent portable spas?** Yes No
7. **Does applicant manufacture or sell any products under their own label?** Yes No
 If yes, complete and submit the Products Liability Application.
8. **Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises?** Yes No
 If yes, type and quantity stored: _____



9. All operations in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No
10. Are all chemicals EPA-approved and stored in EPA-approved containers?..... Yes No

B. ANNUAL ESTIMATED PAYROLL AND RECEIPTS INFORMATION:

Owner	Number	Annual Payroll	Annual Receipts
Owner(s)/Officer(s) only		\$	
Employee(s)/Leased Employee(s)			
Installation:		In-ground: \$ Above-ground: \$	\$ \$
Maintenance:		\$	\$
Retail:		\$	\$
Lifeguards:		\$	\$
Instructors:		\$	\$
Total:		\$	\$

C. SUBCONTRACTORS INFORMATION:

1. Does applicant ever use uninsured subcontractors? Yes No
If yes, include those sub costs in applicable employee payroll section above.
2. Does applicant use a written contract with subcontractors? Yes No
If yes, please explain: _____
3. Hold harmless agreement in favor of applicant included in the contract?..... Yes No
4. Please describe type of subcontracted work: _____

Subcontractors	Certificates of Insurance Obtained?	Required Limits	Applicant listed as AI?	Annual Cost
Subcontractors—maintenance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Subcontractors—installation:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Subcontractors—lifeguards:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Subcontractors—instructors:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

D. SWIMMING POOL CONTRACTORS/MAINTENANCE:

1. Does applicant or subcontractors use explosives?..... Yes No
If yes, complete and submit the Blasting Contractors Supplemental Application, GLS-APP-67s.
2. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No
3. If shoring is required, does applicant use OSHA-approved equipment and techniques?..... Yes No
4. 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.

5. 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

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

7. Does applicant sell products other than pool supplies? Yes No

If yes, nature of items sold: _____

8. Any servicing or maintenance for lakes or ponds? Yes No

If yes, explain: _____

E. POOL MANAGEMENT OPERATIONS:

1. Number of pools managed annually:..... _____

2. Are all lifeguards and instructors American Red Cross certified or equivalent? Yes No

3. Are criminal background checks completed on employees? Yes No

4. Are all lifeguards 18 years or older? Yes No

5. Any lifeguards with less than 3 years' experience? Yes No

6. Any prior drowning loss(es)? Yes No

7. Do lifeguards/instructors teach diving, skin diving or scuba classes? Yes No

8. Type of clients serviced:

- Condo/HOA
- Beach Clubs
- Lakes/Ponds
- Municipal pools
- Ocean beaches, private
- Ocean beaches, public
- Private clubs
- Private homes
- Public beaches
- Water amusement parks
- Wave pools
- Hotels/Motels
- Other (describe): _____

9. Any clients with wave pools? Yes No

10. Any clients with slides over ten (10) feet? Yes No

If yes:

Number of slides _____ Height _____ Length _____ Type _____

- Depth of slide catch pool(s)? _____ feet.
- Is a lifeguard stationed with a clear view and rapid access to the catch pool? Yes No
- Is an attendant stationed at the dispatch point of the slide? Yes No
- Is this person in visual or verbal contact with the lifeguard that oversees the catch pool? Yes No
- Does lifeguard require patrons to exit immediately upon arrival at catch pool? Yes No

11. Any clients with diving boards or platforms over ten (10) feet? Yes No

If yes:

• Number of Diving Boards or Platforms: _____ Height _____

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, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, 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 CALIFORNIA APPLICANTS. For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): 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 NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____