



SCOTTSDALE INSURANCE COMPANY®

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Swimming Pool Contractors, Dealers and Installers Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Table with columns: Employee Data, Number, Annual Payroll, Sales (In-ground, Above-ground). Rows include Owner(s) only, Retail (Full Time, Part Time), and Installation (Full Time, Part Time).

Table with columns: Leased or Subcontracted, Number, Annual Cost. Rows include Leased employees and Independent Contractors.

- 1. Does applicant or their subcontractors use explosives?
2. Does applicant make a thorough study of the subsurface...
3. If shoring is required...
4. Does applicant have sufficient signs, barricades...
5. Does applicant rent portable spas?
6. Does applicant manufacture or sell any products...
7. Any underground tanks, petroleum products...
8. Any equipment loaned, leased or rented to others?

9. Does applicant provide lifeguard services? .....  Yes  No
10. Does applicant perform pool maintenance? .....  Yes  No
11. Does applicant subcontract work? .....  Yes  No

If yes, describe type of work: \_\_\_\_\_  
 \_\_\_\_\_

12. Are certificates of insurance obtained from subcontractors? .....  Yes  No

Minimum limits required of subcontractors: \_\_\_\_\_

13. 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

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

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

If yes, nature of items sold: \_\_\_\_\_

16. Are all chemicals EPA approved and stored in EPA approved containers? .....  Yes  No

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

If yes, explain and advise where insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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.

**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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

IOWA LICENSED AGENT: \_\_\_\_\_