

## POOL AND SPA CONTRACTOR RENEWAL SUPPLEMENTAL

### SECTION I - ACCOUNT INFORMATION

1. Applicant Name:
2. Any DBAs or other subsidiaries? Yes    No
3. Phone: Website: www.
4. Risk Manager: Risk Manager Phone:  
 Risk Manager Email:
5. Number of Employees:    Full Time: Part Time: Seasonal:
6. Percentage of Applicant's work for the below categories to include all work performed by the Applicant and/ or subcontractor:

Residential/ Habitational Pool & Spa Construction Work:	%
Residential/ Habitational Pool & Spa Service and Repair Work:	%
Non-Residential/ Habitational Pool & Spa Construction Work:	%
Non-Residential/ Habitational Pool & Spa Service and Repair Work:	%

7. List the states the Applicant has worked in during the last five years:
8. Any operations in New York state? Yes    No  
 If yes, please provide detailed description of all operations including any non-pool construction operations:

9.	Services	Percent of Services	Payroll
	Installation of above-ground pools	%	\$
	Installation of in-ground pools	%	\$
	Installation of indoor pools	%	\$
	Installation of hot tubs and/ or spas	%	\$
	Service/ Cleaning/ Maintenance of pools & spas	%	\$
	Repair/ Rehabilitation of pools & spas	%	\$
	Snow plowing	%	\$
	Other operations i.e. plastering, hardscaping/ landscaping, etc. (describe and provide % and payroll of each):		
		%	\$
		%	\$
		%	\$
	Services	Percent of Services	Sales
	Retails stores	%	\$
	Wholesale distribution	%	\$
	Other operations i.e. holiday decorations, etc. (describe and provide % and sales of each):		
		%	\$
		%	\$
		%	\$

10. Does the Applicant have any other operations other than those described above? Yes    No  
 If yes, please describe:

**SECTION II – OPERATIONS**

- |  |  |                             |
|--|--|-----------------------------|
| 1. Does the Applicant have a formal written safety program which is reviewed with all employees and subcontractors?                                    | Yes  | No                          |
| 2. Does the Applicant have a quality controls program?   | Yes  | No                          |
| 3. Does the Applicant conduct worksite inspections?  | Yes  | No                          |
| 4. Any past, current, or planned installations of pools for the developer of a homeowners associations, condo or tract housing community?              | Yes  | No                          |
| 5. Any current or future plans to work on hillsides, in landfills, or areas subject to subsidence? If yes, please list precautions taken:              | Yes  | No                          |
| 6. Any past, current, or planned involvement in: (check all that apply)  |  |                             |
| Blasting activities  | Removal or work on fuel tanks or pipelines | Building of retaining walls |
| 7. Is the Applicant actively licensed in the state(s) it operates to perform the work that is undertaken?  | Yes  | No                          |
| 8. Does the Applicant do any installation or service work for water-parks, theme parks or amusement parks currently or within the last five (5) years? | Yes  | No                          |
| 9. Any pool, hot tub, or spa installation on roof tops?  | Yes  | No                          |
| 10. Does the Applicant manufacture any pool chemicals for sale under its name or other products with its own name on the label?                        | Yes  | No                          |

**SECTION III - SUBCONTRACTORS**

- |   |     |                  |
|---|-----|------------------|
| 1. Does the Applicant use subcontractors?   | Yes | No               |
| If yes, please complete the following:  |     |                  |
| a. Percentage of the Applicant's work subcontracted out:  | %   | Annual Costs: \$ |
| b. Nature of work subcontracted:  |     |                  |
| c. Does the Applicant's written agreement with subcontractors contain indemnification and/ or hold harmless wording in the Applicant's favor?   |     |                  |
|   | Yes | No               |
| d. Are subcontractors required to carry the following minimum limits: General Liability of \$1,000,000 Occurrence, \$2,000,000 General Aggregate, \$2,000,000 Products/ Completed Operations Aggregate; Workers' Compensation (state statutory requirements); and Commercial Automobile of \$1,000,000?                                     |     |                  |
|   | Yes | No               |
| e. Does the Applicant obtain a certificate of insurance being listed as an additional insured through the term of the contract, and subsequent to the completion of the contract, through the appropriate jurisdiction's statute of repose on the Applicant's subcontractor's General Liability policies?                                   |     |                  |
|   | Yes | No               |
| f. Does the contract require the subcontractor to impose the same contractual risk transfer and insurance obligations upon any sub-tier hired parties?  |     |                  |
|   | Yes | No               |
| g. Does the contract specify the general aggregate for the subcontractor's CGL insurance policy IS to be made available on a "per project or location basis", and prohibits "wasting" (or "defense with limits") policies?  |     |                  |
|   | Yes | No               |
| h. Does the contract require "additional insured" status be afforded by way of CGL endorsement equivalent to ISOs 10 01 forms that include an "arising out of your ongoing operations" trigger, or earlier versions that provide even broader coverage, rather than the current ISO 04 13 forms with the trigger "caused in whole or part". |     |                  |
|   | Yes | No               |
| i. Does the Applicant contract with a licensed electrician for all electrical work, or does it have one on staff who performs all the necessary wiring during the installation process?   |     |                  |
|   | Yes | No               |

**SECTION IV - AUTO**

**N/A**

- |   |     |    |
|---|-----|----|
| 1. Does the Applicant have a fleet safety and vehicle maintenance program?  | Yes | No |
| 2. Does the Applicant perform a pre-hire review of Motor Vehicle Records (MVR's) on prospective employees and then annually thereafter? | Yes | No |
| 3. How does the Applicant handle employees with unacceptable driving records? (warning, probationary period, etc.)                      |     |    |
| 4. Does the Applicant have GPS tracking capability?   | Yes | No |

**WINTER WEATHER FREEZE PROTECTION**

**ONLY APPLICABLE IF INSURED OWNS A BUILDING / STOREFRONT**

The Winter Weather Freeze Supplemental is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- |   |   |
|---|---|
| <p>1. Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?<br/>This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them.</p> <p>a. If not, select all freeze protection measures currently in place:<br/>                     Temperature monitoring and remote heating control system (Wi-Fi temperature controls)<br/>                     PHLYSense<br/>                     Other water detection/ notification/ alarm system<br/>                     Backup electrical generator, ensuring building heat at all times<br/>                     Insulation around water pipes in cold areas*<br/>                     Heat tracing for water pipes in cold areas*<br/>                     Antifreeze fire sprinkler system in cold areas*<br/>                     Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers<br/>                     Other:</p> <p>* Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F.</p> | <p>Yes    No    N/A</p>   |
| <p>2. Fire Protection and Testing</p> <p>a. Is the building provided with an Automatic Fire Sprinkler System (AS)?</p> <p>    i. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe</p> <p>    ii. If yes, approximately what percentage (%) of the building is sprinklered?      %</p> <p>    iii. If yes, has the system been tested &amp; inspection by qualified sprinkler contractor within past 12 months &amp; includes a formal winterization review?</p> <p>    iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company?</p>  | <p>Yes    No    N/A</p> <p>Both</p> <p>Yes    No    N/A</p> <p>Yes    No    N/A</p> |
| <p>3. Emergency Water Response (domestic and AS water lines)</p> <p>a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?</p> <p>b. Are water shutoff valves exercised (closed and reopened) at least annually?</p> <p>c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?</p>  | <p>Yes    No    N/A</p> <p>Yes    No    N/A</p> <p>Yes    No    N/A</p>             |
| <p>4. Automatic Water Shutoff Devices</p> <p>a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?</p>  | <p>Yes    No    N/A</p>   |
| <p>5. Unused/ Vacant Spaces</p> <p>a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?</p>   | <p>Yes    No    N/A</p>   |
| <p>6. Seasonal Occupancies ONLY:</p> <p>a. Is there a full-time caretaker/ maintenance personnel on the premise?<br/>If yes, select required duties of the caretaker:<br/>                     Regular walkthroughs of the building<br/>                     i. How often each day?<br/>                     Trained in the location(s) of water shut off valve(s)<br/>                     Inspects taps and leaves them dripping in freeze weather events<br/>                     Shuts off or drains pipes during freezing temperatures<br/>                     Monitors building temperatures ensuring heat is maintained at required levels<br/>                     Responds to power outages<br/>                     i. List of required procedures</p> <p>b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.?</p>   | <p>Yes    No    N/A</p> <p>Yes    No    N/A</p>                                     |

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** 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 PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: 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.

**APPLICABLE IN FLORIDA** 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS 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.

**APPLICABLE IN MAINE:** 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.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** 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.

**APPLICABLE IN OKLAHOMA:** WARNING: 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.

**APPLICABLE IN PENNSYLVANIA:** 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.

**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.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)