

**POOL AND SPA CONTRACTOR RENEWAL SUPPLEMENTAL**

**SECTION I - ACCOUNT INFORMATION**

1. Applicant's 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 |

**SECTION V - WINTER WEATHER FREEZE-UP PROTECTION**

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

**This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI**

- |    |   |      |    |     |
|----|---|------|----|-----|
| 1. | Fire Protection and Testing   |      |    |     |
|    | a. Is the building provided with an Automatic Fire Sprinkler System (AS)?   | Yes  | No | N/A |
|    | i. If yes, approximately what percentage (%) of the building is sprinklered?  | %    |    |     |
|    | ii. If yes, what type of sprinkler system is installed?      Wet-Pipe      Dry-Pipe   | Both |    |     |
|    | iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes  | No | N/A |
|    | 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):  |      |    |     |
|    | iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review?                       | Yes  | No | N/A |
|    | v. If yes, are the alarms tied to a 24 hour UL listed monitoring company?   | Yes  | No | N/A |
| 2. | Emergency Water Response (domestic and AS water lines)  |      |    |     |
|    | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible?  | Yes  | No | N/A |
|    | b. Are water shutoff valves exercised (closed and reopened) at least annually?  | Yes  | No | N/A |
|    | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours?  | Yes  | No | N/A |
| 3. | Automatic Water Shutoff Devices   |      |    |     |
|    | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff?   | Yes  | No | N/A |
| 4. | Unused/Vacant Spaces  |      |    |     |
|    | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces?  | Yes  | No | N/A |
| 5. | Unheated Areas (attics, crawl spaces, exterior wall joists)   |      |    |     |
|    | a. Are all domestic water lines located in areas heated to at least 45°F?   | Yes  | No | N/A |
|    | i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):  |      |    |     |
| 6. | General Comments:   |      |    |     |

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA:** 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 (IN FL, A PERSON 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, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE  
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, 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 is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)