



333 Westchester Avenue, West Building, White Plains, NY 10604
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 914-468-8000

**Swimming Pool Contractors, Dealers and Installers
 Supplemental Application**

(Complete in addition to ACORD General Liability Application)

Name of Applicant:

Web site address:

Employee Data	Number	Annual Payroll	Sales	
			In-ground	Above-ground
Owner(s) only		\$		
Retail: Full Time		\$	\$	\$
Part Time		\$	In-ground	Above-ground
Installation: Full Time		\$	\$	\$
Part Time		\$		

Leased or Subcontracted	Number	Annual Cost
Leased Employees		\$
Independent Contractors		\$

- Does applicant or its subcontractors use explosives? Yes No
 If yes, describe:
- Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines prior to any digging? Yes No
- If shoring is required on a job, does the applicant use OSHA-approved equipment and techniques?
 Yes No
- 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.
- Does applicant rent portable spas? Yes No
- Does applicant manufacture or sell any products under its own label? Yes No
 If yes, complete and submit the Products Liability Application.
- Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises? Yes No
 If yes, type and quantity stored:

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

If yes, describe type of equipment and annual receipts: \$

9. **Does applicant provide lifeguard services?** Yes No

10. **Does applicant provide 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 if 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:

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files and 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.

APPLICANTS NAME AND TITLE:

APPLICANTS SIGNATURE: _____
(must be signed by an active owner, partner or officer)

DATE: _____

PRODUCERS SIGNATURE: _____

DATE: _____