

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

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
Owner(s) only		\$
Service: Full Time		\$
Part Time		\$
Installation: Full Time		\$
Part Time		\$

Leased or Subcontracted	Number	Annual Cost
W-2 -Employees		\$
Insured Sub -Contractors		\$
UN-Insured Sub-Contractors		\$

Receipts	
In-ground installation	\$
Above-ground installation	\$
Service	\$

1. **Limited Coverage for Property Damage from Swimming Pool Pop Up limits:**
 \$50,000 per occurrence/\$100,000 aggregate; other: _____; Exclude
2. **Does applicant or its subcontractors use explosives?** Yes No
 If yes, describe: _____
3. **Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging?** Yes No
4. **If shoring is required on a job, does applicant use OSHA-approved equipment and techniques?** Yes No

5. 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; or rented

If rented, attach a copy of the certificate of insurance from the rental company.

6. Does applicant rent portable spas?..... Yes No

7. Does applicant manufacture or sell any products under its 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. Any equipment loaned, leased or rented to others?..... Yes No

If yes, describe type of equipment and annual rental receipts: _____

10. Does applicant provide lifeguard services? Yes No

11. Does applicant perform pool servicing, repair, cleaning or chemical maintenance?..... Yes No

12. Does applicant subcontract work? Yes No

If yes, describe type of work: _____

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

Minimum limits required of subcontractors: _____

14. 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

15. Are all operations in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

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

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

If yes, nature of items sold: _____

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

19. 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. **Not applicable in Nebraska, Oregon and Vermont.**

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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

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.

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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.