



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

**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	
Owner(s) only			\$	In-ground	Above-ground
Retail:	Full Time		\$	\$	\$
	Part Time		\$	In-ground	Above-ground
Installation:	Full Time		\$	\$	\$
	Part Time		\$		

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

1. Does applicant or its subcontractors use explosives? Yes No
If yes, describe: _____

2. Does applicant make a thorough study of the subsurface, including identification of existing utility pipes and lines, prior to any digging? Yes No

3. If shoring is required on a job, does applicant use OSHA-approved equipment and techniques? Yes No

4. 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.

5. Does applicant rent portable spas? Yes No

6. Does applicant manufacture or sell any products under its own label? Yes No
If yes, complete and submit the Products Liability Application.

7. 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 rental receipts: _____

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: _____

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 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: _____

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail