

# SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

Home Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

## Swimming Pool Maintenance and Management Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

### MAINTENANCE

Employee data	Number	Annual payroll
Owner(s) only		\$
Cleaning: Full-Time		\$
Part-Time		\$

Leased or subcontracted	Number	Annual cost
Owner(s) only		\$
Cleaning: Full-Time		\$
Part-Time		\$

1. Does applicant rent portable spas? ..... ☐ Yes ☐ No

2. Does applicant manufacture or sell any products under their own label? ..... ☐ Yes ☐ No

If yes, complete and submit Products application, GLS-APP-2.

3. Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on premises? ..... ☐ Yes ☐ No

If yes, type and quantity stored: \_\_\_\_\_

4. Any equipment loaned, leased or rented to others? ..... ☐ Yes ☐ No

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

5. Does applicant subcontract work? ..... ☐ Yes ☐ No

If yes, describe type of work: \_\_\_\_\_

6. Are certificates of insurance obtained from subcontractors? ..... ☐ Yes ☐ No

7. Does applicant offer services other than pool services? ..... ☐ Yes ☐ No

If yes, nature of service: \_\_\_\_\_

8. Are all chemicals EPA approved and stored in EPA approved containers? ..... ☐ Yes ☐ No

**POOL MANAGEMENT OPERATIONS**

	Number	No. of pools serviced annually
Lifeguards: Full-time		
Part-time		
Instructors: Full-time		
Part-time		

Leased or subcontracted	Number	Annual cost
Leased Employees		\$
Independent Contractors		\$

9. Are all lifeguards and instructors American Red Cross certified or equivalent? ..... ☐ Yes ☐ No

Type of clients serviced:

☐ Municipal Pools    ☐ Private Clubs    ☐ Hotels/Motels    ☐ Condo/HOA    ☐ Lakes/ponds  
☐ Ocean Beaches    ☐ Water Amusement Parks/Wave pools    ☐ Other (describe): \_\_\_\_\_

Do lifeguards/instructors teach diving, skindiving, or scuba classes? ..... ☐ Yes ☐ No

10. Any clients with wave pools or pools with slides or diving boards/platforms in excess of ten (10) feet? ..... ☐ Yes ☐ No

11. Does applicant have other business ventures for which coverage is not requested? ..... ☐ Yes ☐ No

If yes, explain and advise where insured: \_\_\_\_\_  
\_\_\_\_\_

**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.

**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.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only.)

IOWA LICENSED AGENT: \_\_\_\_\_