

NORTHERN CALIFORNIA: (209) 472-7042 - (800) 472-7043 SOUTHERN CALIFORNIA: (714) 550-5050 - (800) 660-1125

SAN DIEGO: (800) 660-1125

## License #0705050

## Swimming Pool Contractors, Dealers and Installers Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Name of Applicant:					
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		\$			
<ol> <li>Does applicant or their subcontractors of the property of the pro</li></ol>	ıdy of the subsuri	face, including ident	ification of exist	ting	
3. If shoring is required on a job, do niques?	es applicant use	OSHA approved eq	uipment and te	ech-	
4. Does applicant have sufficient sign safe distance from job sites and equipment is:  owned or  If rented, attach a copy of the certificate	ipment? rented.		• •		;
5. Does applicant rent portable spas?				Yes	s □ N
6. Does applicant manufacture or sell any products under their own label?					s 🗌 N
7. Any underground tanks, petroleum on premises?	•	• •	•		s 🗌 N
If yes, type and quantity stored:					
8. Any equipment loaned, leased or re					;   N
If yes, describe type of equipment and					
9. Does applicant subcontract work?				Yes	; 🗌 N

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

10.	Are certificates of insurance obtained from subcontractors?	□ No
11.	Does applicant install diving boards, slides, or other accessories?	□ 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:	
12.	Does applicant comply with the National Spa & Pool Institute's (NSPI) minimum standards of pool installation?	□ No
13.	Does applicant sell products other than pool supplies? Yes	□ No
14.	Are all chemicals EPA approved and stored in EPA approved containers?	□ No
APF	PLICABLE IN THE STATE OF NEW YORK:	
sura form	y person who knowingly and with intent to defraud any insurance company or other person files an application ance or statement of claim containing any materially false information, or conceals for the purpose of misleadi mation concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall a spect to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation	ing, in- also be
FR/	AUD WARNING:	
sura mat	y person who knowingly and with intent to defraud any insurance company or other person files an application ance or statement of claim containing any materially false information or conceals for the purpose of misleading tion concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects son to criminal and civil penalties.	, infor-
PR	ODUCER'S SIGNATURE: DATE:	
APF	PLICANT'S SIGNATURE: DATE:	
AGI	ENT NAME: AGENT LICENSE NUMBER:	