

Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679

Applicant Insurance Quote General Questionnaire

Owner(s) Name(s): _____ Doing Business As(DBA): _____
 Mailing Address _____ City _____ CA Zip: _____
 Location Street Address _____ City _____ CA Zip: _____
 Business Phone Number: _____ Business Fax Number: _____
 Email Address: _____ Website Address: _____
 Years at this Location: _____ Years Experience: _____
 Individual Corporation Partnership Joint Venture LLC Federal Tax ID/ SS# Number: _____

DESCRIBE THE BUSINESS OPERATION IN DETAIL INCLUDING A DESCRIPTION OF GOODS OR SERVICES PROVIDED. IF APPLICABLE, INDICATE WHAT PERCENTAGE OF THE OPERATION IS RETAIL, WHOLESALE OR MANUFACTURING:

of Active Owners/Officers/Partners: ___ # of active family members: ___ #of Full Time Employees: ___
 # Part-Time Employees (under 20 hours weekly): _____
 Estimated Annual Payroll (Excluding Owners) Current Year: \$ _____ Owners/Officers Payroll (If any) _____
 Estimated Annual Gross Receipts/Sales/Rental Current Year: \$ _____ Previous Year \$ _____
 Hrs. of Operations: Sat _____ Sun _____ M-F _____
 Number of Loss Payees and Mortgagees: # _____ Number of Additional Insured (Landlord or any other entities)# _____
 Are you involved in any other business operations? Yes No If yes, describe in Remarks
 Do you or others operate any other business on the premises Yes No If yes, describe in Remarks.
 Is a formal safety program in operation? Yes No Are any guard/pet dogs kept on the premises? Yes No
 Do you keep firearms on the premises? Yes No Do you own the Building? Yes No
 Limits of Liability Coverage Requested: \$ _____
 Limits of Property Coverage Requested: Building \$ _____ Content \$ _____ Loss of Income \$ _____
 Limits of other Coverage Requested (Please specify the types of coverage):

PRIOR CARRIER INFORMATION (Explain all "Yes" responses in remarks section)

<u>Policy Period</u>	<u>Insurance Company</u>	<u>Insurance Agency/Broker</u>	<u>Policy Number</u>	
Current Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.
Prior Year: / / to / /				Please attach loss runs.

- 1) Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? Yes No
- 2) Any claims or occurrences for the past five years that may give rise to claims? Yes No
- 3) Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person or entity on whose behalf you or your business entity has assumed liability?
Yes No
- 4) Have you had any claims, occurrences or losses during the past 5 years? Yes No If yes, please describe in remarks section below.
- 5) Have you ever been adjudged bankrupt or insolvent? Yes No

Remarks:

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		\$		

1. **Does applicant or their 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 their own label?** Yes No
If yes, complete and submit Products application, GLH-APP-2.

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 subcontract work?** Yes No
If yes, describe type of work: _____

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

11. 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: _____

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

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

If yes, nature of items sold: _____

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

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: _____