

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:

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Yes No
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Remarks:

Swimming Pool Maintenance and Management Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY)

Name of Applicant: _____

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
 Ocean Beaches
 Water Amusement Parks
 Other (describe): _____

10. Any clients with wave pools or pools with slides or diving boards/platforms in excess of 10 feet?..... 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: _____