



SCOTTSDALE INSURANCE COMPANY®

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Swimming Pool Maintenance and Management Supplemental Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY)

Name of Applicant: _____

Web site Address: _____

MAINTENANCE

Table with 3 columns: Employee data, Number, Annual payroll. Rows include Owner(s) only, Cleaning: Full-Time, and Part-Time.

Table with 3 columns: Leased or subcontracted, Number, Annual cost. Rows include Owner(s) only, Cleaning: Full-Time, and Part-Time.

- 1. Does applicant rent portable spas?
2. Does applicant manufacture or sell any products under their own label?
3. Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on premises?
4. Any equipment loaned, leased or rented to others?
5. Does applicant subcontract work?
6. Are certificates of insurance obtained from subcontractors?
7. Does applicant offer services other than pool services?
8. Are all chemicals EPA approved and stored in EPA approved containers?

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: _____