



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative 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

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: \_\_\_\_\_