



SWIMMING POOL CONTRACTOR SUPPLEMENTAL APPLICATION
(Include Acord 125/126 Applications)

Date: _____
 Named of Insured: _____
 State / Area of Operations: _____
 Describe all work being performed by you, and on your behalf: _____

1. How long has the applicant been in business? _____ How many years of experience? _____
 2. Do you hold a contractor's license? _____ If yes, provide license number _____
 3. Number of Owners/Partners: _____ Estimated annual Payroll _____ Number of Employees: _____

TRADE	PAYROLL	OPERATION	PERCENT	TYPE OF WORK	PERCENT
Below Ground Installation	\$	General Contractor	%	Residential	%
Above Ground Installation	\$	Subcontractor	%	Commercial	%
Swimming Pool Repair	\$			Condos/Townhomes	%
Swimming Pool Service	\$			Apartments	%
Total	\$				
COST OF:		WORK TYPE	PERCENT		
Uninsured Subcontractors	\$	New	%		
Insured Subcontractors	\$	Remodeling	%		
Total	\$				

4. Receipts/Sales: Current Year \$ _____ Previous Year \$ _____ Two Years Ago \$ _____

5. List the largest projects you have done in the last 3 years, current and planned:

Description	Cost	Duration

6. Indicate percentage of total operations performed by you, or by subcontractors working on your behalf:

Below Ground Const.	%	Repair Services	%	Pergola Construction	%
Above Ground Const.	%	Pool Service/Cleaning	%	Outdoor Kitchen and/ or Patio Construction	%
Other:	%	Other:	%		

7. How much of your work is on homes being built? _____
 8. Do you work on more than 10 houses in any one subdivision under construction? Yes No
 9. Do you work over 3 stories in height? Yes No
 10. Do you work below ground? Yes No
 11. Have you been involved in any construction defect claims? Yes No

12. Do you use a written contract with customers? Yes No
13. Do you use a written contract with subcontractors? Yes No
14. Do your contracts contain a hold harmless agreement in your favor? Yes No
15. Do you obtain certificates of insurance from all subcontractors? Yes No
16. Do you require at least limits equal to those you carry? Yes No
17. Are you added as additional insured on the subcontractors' liability policies? Yes No
18. Do you have Workers' Compensation coverage in place? Yes No

19. List any Additional Insureds and why they are required:

Additional Insured Information	Reason

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant

Print Name

Date