



SCOTTSDALE INSURANCE COMPANY®

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Swimming Pool Maintenance and Management Supplemental Application
(COMplete in addition to ACORD GENERAL LIABILITY)

Name of Applicant: _____

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
 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: _____

(Applicable to Florida Agents Only.)