

Swimming Pool Contractors Supplemental Questionnaire

Named Insured:

Policy Number:

Policy Period:

Account Number:

Description of Insured's Operations (include all entities listed above):

States Performing Operations: CT NH NY MA ME RI VT Other:

Percentage of Operations (Should Total 100%):

General Contractor	%	Subcontractor	%	Owner/Builder	%
Construction	%	Other (describe)			

Percentage of Subcontracted Work: % (Based on Total Job Costs)

Enter % based upon sales or payroll	100%
Installation of above-ground pools	%
Installation of in-ground pools (concrete/gunite)	%
Installation of in-ground pools (vinyl-lined)	%
Installation of in-ground pools (fiberglass)	%
Installation of spas or hot tubs	%
Wholesale dist. of pool or spa supplies or accessories	%
Pool service or maintenance	%
Pool or spa repair or installation	%
Retail pool, spa, or hot tub sales	%
Retail pool or spa chemical sales	%
Retail patio furniture, pool supplies accessories	%

Indicate % of work in following	100%
Pool/spa chemical wholesale distribution	%
Importation of foreign products	%
Pool/spa chemical repackaging, mixing	%
Pool management services such as lifeguards	%
Hourly rental services spa/hot tubs/tanning	%
Blasting or use of explosives	%
Pool installation in upper floors or rooftops	%
Construction/maintenance of industrial/chemical sedimentation ponds, retention ponds or artificial lakes	%
Sales of recreational vehicles (i.e. mopeds)	%
OEM of products for the pool or spa industry	%

Type of Work Performed	Percent		
Commercial or industrial work	%		
Habitational work	% New or major Rehab/Renovation	% Service or Maintenance	Total of col.
Condominiums (High-rise and Low-rise)	%	%	%
Multi-family-owned developments (including townhouses)	%	%	%
Tract housing (see definition below)	%	%	%
Custom single-family housing	%	%	%
Apartments	%	%	%
Other habitational:	%	%	%
Other work (describe):			
Total (the total should equal 100%)	100%		

Tract housing defined as developments where the houses are similar in price, physical characteristics, lot size and square footage; numerous houses of similar or complementary design constructed on a given expanse of land.

Please use this section below for additional comments or explanations of these questions	Yes	No
Does risk install diving boards or slides (please check box if yes)	Diving boards	Slides
	Last Yr	Last 5 Yr
Please indicate number of boards/slides installed		
	<10'	>10'
Please indicate # boards/slide under 10'/over 10' installed in the last 5 years		
Is the pool/spa design and installation completed in accordance with ANSI/NSPI technical standards?		
Does risk have a quality control program?		
Does risk retain jobs files? If yes, how many years is information kept:		
Does risk have an architect or engineer on staff? If yes, does risk carry professional liability insurance? Yes No		
If risk uses outside architect or engineer, does risk require professional liability insurance? Limit: \$		
Does the risk have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give risk to any future claim or legal action?		
Has risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to subsidence or use of EIFS (Exterior Insulation Finishing Systems)?		

Does risk make a thorough study of subsurface, including identification of utility pipes and lines prior to job?		
If shoring is required on a job, does risk use OSHA approved equipment and techniques?		
Does risk manufacture or sell any products under their own label? If yes, please describe below.		
Any underground tanks, petroleum products, LPG, flammable liquids, or explosives stored on risk premises?		

NSPI- National Spa & Pool Institute; ANSI- American National Standards Institute

Do you have a formal safety program? Yes No

Do you have a full time safety officer? Yes No

Have you had any OSHA violations in the past 5 years? Yes No

Please indicate exposures for the past three years and an estimate for next year:

	Current Year	First Prior	Second Prior	Next Policy Year (Estimated)
Your Payroll	\$	\$	\$	\$
Total Construction Revenue	\$	\$	\$	\$
Subcontracted Costs	\$	\$	\$	\$

Contractual Controls/Risk Transfer

Are contracts required for all subcontracted work? Yes No

Does the contract contain a hold harmless agreement? Yes No

Does the contract contain an indemnification agreement? Yes No

Are certificates of insurance obtained from subcontractors for:

General Liability? Yes No

Workers' Compensation? Yes No

Is there a diary system in place to track expiration dates for certificates of insurance? Yes No

Are subcontractors required to carry at least \$1M occ/\$2M agg? Yes No

Do you require subcontractors to name you as an additional insured? Yes No

Do your subcontractors always utilize contracts with the same provisions noted above? Yes No

Please attach a copy of your subcontractor agreement (MANDATORY REQUIREMENT).

Website address, if applicable:

Additional comments:

I certify that the above information is true and correct to the best of my knowledge.

Insured:

Signature:

Title:

Date:

This Supplemental Application is an addendum to the standard ACORD® Commercial Insurance Application. All notices, statements, and representations contained in such ACORD® Commercial Insurance Application apply equally to this Supplemental Application and are hereby incorporated into this Supplemental Application by reference.