

Scottsdale Insurance Company
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 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
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Scottsdale Indemnity 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

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Maintenance: Full-time		\$
Part-time		\$

Leased or Subcontracted	Number	Annual Cost
Leased employees—maintenance: Full-time		\$
Part-time		\$
Independent contractors—maintenance: Full-time		\$
Part-time		\$

1. Does applicant rent portable spas? Yes No
2. Does applicant manufacture or sell any products under their own label? Yes No
 If yes, complete and submit the Products Liability Application.
3. Any underground tanks, petroleum products, LPG, flammable liquids or explosives stored on premises? Yes No
 If yes, type and quantity stored: _____
4. Any equipment loaned, leased or rented to others? Yes No
 If yes, describe type of equipment and annual rental receipts: _____
5. Does applicant subcontract work? Yes No
 If yes, describe type of work: _____
6. Are certificates of insurance obtained from subcontractors? Yes No

7. Does applicant offer services other than pool maintenance? Yes No
If yes, explain: _____
8. Any swimming pool construction operations? Yes No
If yes, explain: _____
9. Any maintenance for lakes or ponds? Yes No
If yes, explain: _____
10. Are all chemicals EPA approved and stored in EPA-approved containers? Yes No

POOL MANAGEMENT OPERATIONS

Employee Data		Number	Annual Payroll
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Leased Employees		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

Independent Contractors		Number	Annual Cost
Lifeguards	Full-time		\$
	Part-time		\$
Instructors	Full-time		\$
	Part-time		\$

11. Number of pool services annually: _____
12. 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, skin diving or scuba classes? Yes No
13. Any clients with wave pools or pools with slides or diving boards/platforms in excess of ten (10) feet? Yes No
14. Does applicant have other business ventures for which coverage is not requested? Yes No
If yes, explain and advise where insured: _____

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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____