

APPLICATION FOR POOL AND SPA COVERAGE FROM NELSON & WARD



GENERAL INFORMATION

Named Insured:		Website Address:	
Years In Business:		Years Experience:	
Commercial %:		Residential %:	
Number of Employees:	Full Time:	Part Time:	Seasonal:

Professional Affiliations:

APSP ☐

NESPA ☐

Other:

BREAKDOWN OF OPERATIONS	SALES	PAYROLL
1. Installation of above-ground pools		
2. Installation of in-ground pools		
3. Installation of hot tubs and/or spas		
4. Service and maintenance of pools and spas		
5. Retail stores		
6. Wholesale/Distribution		
7. Snow plowing		
8. Other/Ancillary Operations - Describe ALL:		

Estimated Sales for this year:	\$ _____	1st Prior Year: \$ _____	2nd Prior Year: \$ _____
Estimated Payroll for this year:	\$ _____	1st Prior Year: \$ _____	2nd Prior Year: \$ _____

PLEASE PROVIDE DETAILS OF THE LAST FIVE JOBS IN PROGRESS AND/OR COMPLETED:

DESCRIPTION OF WORK	LOCATION OF JOB	CONTRACT COST
1.		
2.		
3.		
4.		
5.		

DESCRIPTION OF OPERATIONS

- Have you installed indoor pools within the last five years? ☐ Yes ☐ No
 - If yes, how many?
- Do you do any interior plumbing installation work? ☐ Yes ☐ No
 - If yes, what's your revenue from such work?
- Do you perform any work (service, installation or repair) at heights (upper floors or rooftops)? ☐ Yes ☐ No
 - If yes, please describe:
- What states have you performed work in the last five years?
- HQ/Domicile state _____.

Any operations in other states? If yes please list: _____

NY Work? If, yes % of operations _____% and WC Payroll \$

- If NY total percentage of work in New York City (5 Boroughs) _____% + Albany _____% + Remainder of State _____% = 100%
- Union _____% vs. Non-Union _____% = 100%
- Work contracted with: General Contractor _____% + Commercial Business _____% + Government Entity _____% + Residential Homeowner _____% = 100%

DESCRIPTION OF OPERATIONS | CONTINUED

6. Diving Boards:

a. Do you in any way perform work (i.e., install, service, repair, move or remove) on diving boards? ☐ Yes ☐ No

If yes: i. Percentage of operations? _____%

ii. Do you in any way perform work (i.e., install, service, repair, move or remove) on diving boards > 3 meters (10 feet) in height? ☐ Yes ☐ No **If yes,** explain: _____

iii. Is all diving board and/or slide work (i.e., install, service, repair, move or remove) performed in full compliance with ANSI/APSP standards? ☐ Yes ☐ No

7. Have you installed pools currently or in the past five years for homeowner associations, condos or developers of tract housing? **If yes,** explain: _____

8. Do you do any installation or service work for water parks, theme parks or amusement parks currently or within the past five years? ☐ Yes ☐ No **If yes,** explain: _____

9. Do you perform renovation or remodeling of pools? ☐ Yes ☐ No

a. What type of renovations? _____

10. Do you sell any pool chemicals or other products with your own name on the label? ☐ Yes ☐ No

11. **If yes;** do you obtain hold harmless or indemnity agreements from your suppliers or manufacturer? ☐ Yes ☐ No

12. Do you sell tanning beds? ☐ Yes ☐ No

13. Do you import any foreign products? ☐ Yes ☐ No

14. Snow Plowing: ☐ Yes ☐ No **If yes,** please complete the following:

	% OF PLOWING	PAYROLL
a. Residential (Private Homes)		
b. Condos and Apartment Complexes		
c. Office Parks		
d. Malls		
e. Streets, Roads or Airport Runways		
f. Other		
TOTAL		

NOTE: If exposure exists, please provide a copy of plowing agreement with submission.

SAFETY PROGRAM

1. Do you have a formal written safety program? ☐ Yes ☐ No

2. Do you have regular safety meetings? ☐ Yes ☐ No How Often? _____

3. Do you conduct regular work site inspections? ☐ Yes ☐ No How Often? _____

4. Do you have a written accident investigation program? ☐ Yes ☐ No

5. Do you perform drug tests on employees? ☐ Yes ☐ No

6. Do you have an incentive program for employees? ☐ Yes ☐ No

AUTOMOBILE

1. Employees trained in accident reporting procedures? ☐ Yes ☐ No

2. Road test required for new hires? ☐ Yes ☐ No

3. Please attach a full driver's list to include all **employees, spouses and family members that may drive** a company owned vehicle or their personal auto on **company business** including date of birth, state and license number.

a. Is there any personal use allowed on company owned vehicles? ☐ Yes ☐ No

If yes, please explain restrictions: _____

b. Do you maintain driver files? ☐ Yes ☐ No

If yes, please check what's included in files: ☐ Application ☐ Interview ☐ Copy of Driver License
☐ Initial MVR ☐ Periodic MVR ☐ Road Testing/Results
☐ Physical Exam ☐ Written Test/Results ☐ Other (please explain). _____

4. Do you receive and review MVRs for all employees that may drive on company business, including employees using their personal vehicle? ☐ Yes ☐ No

a. Do you have a formal written policy on personal usage set standards that they are measured against and enforced? ☐ Yes ☐ No

b. Please attach a copy or briefly describe: _____

c. How often are MVRs checked? ☐ Upon hire ☐ Annually ☐ N/A ☐ Other _____

d. Do you have an Acceptable Driver criteria? ☐ Yes ☐ No Please describe or attach a copy. _____

AUTOMOBILE | CONTINUED
HIRED AUTO COVERAGE

1. Do employees rent or lease vehicles for company business? ☐ Yes ☐ No
 - a. Average number of vehicles hired per year: _____
 - b. Average daily cost per rental: _____
 - c. Average number of days per rental: _____
2. What's the total annual cost of hire? _____
3. What types of autos are hired, other than PPTs hired? _____
Please provide the PERCENTAGE of other than PPT's: _____%
4. Please select one of the following options:
 - ☐ Insured purchases liability and physical damage coverage offered by rental car companies
 - ☐ Insured does not purchase liability and physical damage coverage from rental companies
 - ☐ Insured would like Nelson & Ward to provide this coverage on a primary basis

NON-OWNED AUTO COVERAGE

1. How many employees do you have driving or non-driving? _____
2. How many employees, owners or officers use personal vehicles on company business? _____
 - a. How many days on average per week do these employees use their vehicle for business? _____
3. For these employees, what minimum personal auto liability do you require? \$_____
 - a. Do you confirm that your employee does not carry a business use exclusion on their auto policy? ☐ Yes ☐ No
 - b. Are certificates of insurance obtained and kept on file? ☐ Yes ☐ No
4. Are periodic safety inspections completed on employee's vehicles? ☐ Yes ☐ No

GENERAL LIABILITY

1. Job site closed off to the public? ☐ Yes ☐ No

SUBCONTRACTING

1. Do you subcontract any work to others? (If yes, please complete the following questions and attach a copy of an executed contract for review.) ☐ Yes ☐ No
 - a. What percentage of gross revenues is subcontracted? _____%
 - b. Total of subcontracted work (cost): current year estimated: \$_____

1st Prior Year: \$_____ 2nd Prior Year: \$_____
2. Describe the work that's subcontracted to others:
 - a. Do you require an executed written subcontracting agreement containing a defense indemnification and hold harmless provision in your favor prior to start of work? (If yes, please provide copy.) ☐ Yes ☐ No
 - b. Does the contract require you to be named as an additional insured? (CG 2010 & CG 2037) If yes, does such contract require coverage be provided on a primary and non-contributory basis? ☐ Yes ☐ No
 - c. Do you require a Waiver of Subrogation on subcontractor's policy? ☐ Yes ☐ No
 - d. Do you obtain certificates from all subcontractors prior to starting a job? ☐ Yes ☐ No
 - e. Do you require your subcontractors to carry limits equal to or greater to their own? ☐ Yes ☐ No

NOTE: If exposure exists, please include a copy of an executed agreement used with your subs with submission.
3. Do you comply with the Association of Pool & Spa Professionals (APSP) minimum standards of pool installation/service? ☐ Yes ☐ No ☐ N/A
4. Have you completed any technical certification programs?

Certified Building Professional (CBP)	☐ Yes	☐ No	Date completed _____
APSP Tech I and/or Tech II	☐ Yes	☐ No	Date completed _____
APSP Service Technician (CSP)	☐ Yes	☐ No	Date completed _____
5. Are you properly licensed in the state(s) you operate to perform the work you undertake? ☐ Yes ☐ No ☐ N/A
6. Do you install pool signage as part of pool construction/liner replacement projects? ☐ Yes ☐ No
7. Do you test the soil at the job site for soil types and proper compacting before excavating? ☐ Yes ☐ No
8. Do you have drainage guidelines to prevent pool "pop-up"? ☐ Yes ☐ No

WORKERS' COMPENSATION

1. Is personal protective equipment (PPE) required? ☐ Yes ☐ No
Describe required equipment: _____
2. Do you have a regular inspection and maintenance schedule for equipment used (e.g., ladders, scaffolds, power tools and PPE)? ☐ Yes ☐ No
3. Do you use pool chemicals? ☐ Yes ☐ No
If yes, are proper PPE's and training in handling provided? ☐ Yes ☐ No
4. Do you comply with OSHA requirements at all work sites? ☐ Yes ☐ No
5. Do you train employees in proper manual material handling (MMH) and lifting techniques? ☐ Yes ☐ No
6. What's the maximum weight employee is expected to lift? _____ lbs.
7. Do you perform pre-employment physicals of all prospective employees? ☐ Yes ☐ No
8. Do you train employees in proper machinery operations and safety practices? ☐ Yes ☐ No
9. Do you have a Return to Work Program? ☐ Yes ☐ No
10. Do you require certificates of insurance evidencing workers' compensation from all of your subcontractors? ☐ Yes ☐ No
11. Do you use temporary, leased or part-time workers? ☐ Yes ☐ No
If yes, what training and supervision are they given and to what jobs are they assigned? _____

PROPERTY

1. What amount and type of pool chemicals are stored on site at any one time? (if additional room is needed, please provide list) _____
2. Are employees handling chemicals properly trained in handling them? ☐ Yes ☐ No
3. Do you have accident response measures in place to prevent chemical reactions? ☐ Yes ☐ No
4. Do you inspect pool chemicals being stored to make sure containers are intact? ☐ Yes ☐ No
5. Is the area where pool chemicals are stored in a properly ventilated area and all nearby drains are unblocked? ☐ Yes ☐ No
6. Do you have procedures in place for proper discard of chemicals that are outdated, tainted or not being used? ☐ Yes ☐ No

INLAND MARINE - CONTRACTORS EQUIPMENT

1. Is there a formal written safety program in use? ☐ Yes ☐ No
2. Is operator training provided? ☐ Yes ☐ No
3. Is there a formal written equipment maintenance program? ☐ Yes ☐ No
4. Is any equipment leased/rented/loaned to others? ☐ Yes ☐ No
If yes, with operators? ☐ or without operators? ☐
How long? _____ and, what type of equipment? _____
Are rental/leasing contracts utilized? ☐ Yes ☐ No

Please answer the following questions for Virginia Graeme Baker (VGB) Pool and Spa Safety Act Inspection E&O Coverage.

1. Do you follow ANSI/APSP-7 standards to identify suction entrapment hazards on ALL projects? ☐ Yes ☐ No
If yes, do you use the APSP Drain Safety Test Kit? ☐ Yes ☐ No
Do you use the ANSI/APSP-7 Field checklist to identify suction entrapment hazards? ☐ Yes ☐ No
2. Have there been any VGB Compliance related losses? ☐ Yes ☐ No
If yes, please provide description and amount paid/reserved: _____ \$ _____

Please answer the following questions only if you're requesting Limited Design E&O Coverage.

1. Do you design work for others? ☐ Yes ☐ No
If yes, percentage of operations _____ %
2. Have there been any professional liability claims within the last five years? ☐ Yes ☐ No
If yes, provide description of claims and indicate total amounts paid and/or reserved: _____

Please answer the following questions only if you're requesting Limited Job Site Pollution Coverage.

(NOTE: Not available in AR, IL, LA, ME, MO, NY, OK, SD, VT)

1. Where are all chemicals or other hazardous materials stored at the work site? _____
2. Are all employees at the work site properly trained in the proper handling of pool chemicals? ☐ Yes ☐ No
3. Have there been any pollution related losses within the last five years? ☐ Yes ☐ No
If yes, provide descriptions and amounts paid and/or reserved: _____

FRAUD AND APPLICANT'S SIGNATURE | FRAUD WARNING STATEMENTS

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Colorado applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: 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, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: Any person who knowingly and with intent to injure or defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading 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, including imprisonment for up to seven years and payment of a fine of up to \$15,000.

Tennessee 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 include imprisonment, fines and denial of insurance benefits.

Virginia 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 include imprisonment, fines and denial of insurance benefits.

Washington 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 include imprisonment, fines, and denial of insurance benefits.

ARBITRATION STATEMENT

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a Warranty).

Authorized Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

Producer's Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

License Identification Number or National Producer Number: _____

(Florida Producers must Provide License Identification Number)

PLEASE SEND ALL SUBMISSIONS TO ONE OF THE FOLLOWING LOCATIONS:

POSTAL MAIL

Nelson & Ward Company
454 Morris Avenue
Springfield, N.J. 07081

EMAIL

jwarnick@nelsonward.com

FAX

(973) 379-5077



Business Insurance
Employee Benefits
Auto
Home