



SWIMMING POOL MAINTENANCE INSURANCE PROGRAM

- ✓ **National A Rated Company**
- ✓ **Monthly Payment Plan**

Producer:

APPLICANT INFORMATION

APPLICANT'S NAME (include all firm names, trading names or DBA's under which you operate)

Mailing Address

City State Zip Code

Physical Address (If Different)

Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC Years In Business

Business Phone: Cell Phone: FAX

Email: Website: FEIN/SSAN #

Effective Date: / / Payment: ☐ Annual ☐ Monthly Installments

Number Full Time Employees: Number Part Time Employees: Payroll \$

Number of losses in past 3 years: Prior Insurance Company:

Percentage of Work: Residential % Commercial % Annual Sales \$

GENERAL INFORMATION

1. Have you had any policies or coverage cancelled, declined or non-renewed in the past 3 years other than a carrier withdrawing from a class of business? ☐ YES ☐ NO
2. Do you own any other properties or business operations under this legal entity? ☐ YES ☐ NO
3. Have any operations been sold, acquired or discontinued in the past 5 years? ☐ YES ☐ NO
4. Any bankruptcies, tax or credit liens in the past 5 years? ☐ YES ☐ NO
5. Do you have a retail store front or sell product on the internet? ☐ YES ☐ NO

LIABILITY SECTION

Complete this section for Liability Coverage

A. Requested Limits of Liability (each claim / annual aggregate)

- ☐ \$300,000/\$600,000 ☐ \$1,000,000/\$2,000,000
☐ \$500,000/\$1,000,000 ☐ _____

1. Do you use subcontractors? ☐ YES ☐ NO
 a. If YES amount paid to subcontractors in the prior year: Annual Subcontractor Payments \$ _____
 b. Do you obtain and keep a file of General Liability Insurance Certificates from all subcontractors? ☐ YES ☐ NO
 c. Are subcontractors required to name you as additional insured? ☐ YES ☐ NO
2. Do you rent or lease your equipment to others? ☐ YES ☐ NO
3. Do operations involve any pool installation or major pool repair operations? ☐ YES ☐ NO
4. Are you a licensed contractor? If yes please include copy of license. ☐ YES ☐ NO
5. Do you maintain any public or municipal pools? ☐ YES ☐ NO
6. Do any of your operations include excavation, blasting or utilize explosive materials? ☐ YES ☐ NO

☐ Certificate Holder / ☐ Additional Insured

NAME

Mailing Address

City

State

Zip Code

PROPERTY SECTION

Complete this section for Building, Equipment or Office Contents Coverage

BUILDING

Property Address (if different from mailing)

Building Replacement Value \$ _____ (If coverage for building is desired)

Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 Protection Class _____

Building Square Footage _____ Square Footage You Occupy _____

Age of Building _____ Number of Stories _____ Type of Construction ☐ Frame ☐ Masonry ☐ Incombustible

Sprinklered? ☐ YES ☐ NO Monitored Alarm System? ☐ YES ☐ NO

Other Occupancies

Is distance to responding fire station less than 5 miles? ☐ YES ☐ NO

Is property within 1000 ft of commercially navigable body of water? ☐ YES ☐ NO

PERSONAL PROPERTY

1. Office Contents \$ _____
2. Scheduled Equipment \$ _____
3. Unscheduled Equipment \$ _____
4. Short Term Equipment Rental \$ _____

Replacement Cost? ☐ YES ☐ NO

Replacement Cost? ☐ YES ☐ NO

Replacement Cost? ☐ YES ☐ NO

Deductible: ☐ \$500 ☐ \$1,000

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT THERETO, COMMITS FRAUD, WHICH IS A CRIME. IN SOME JURISDICTIONS, SUCH CRIME SHALL ALSO BE SUBJECT TO SUBSTANTIAL CIVIL PENALTIES.

SIGNATURE AND AGREEMENTS

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact. The undersigned agrees that any policy issued will rely on the truth of the statements and representations made on the application and that misrepresentations that are fraudulent, or such that the Company would not have issued the policy if the true facts had been known, may result in a denial of coverage for any claim which may be made under this insurance (if issued). The undersigned hereby authorizes Allen Financial Insurance Group and it's Companies to use the information contained in this application and in their files for the purpose of underwriting this insurance.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

Signature of Applicant

Date

Title

SIGNING THIS FORM OR SENDING PREMIUM WITH THIS APPLICATION NEITHER BINDS COVERAGE OR GUARANTEES A POLICY WILL BE ISSUED.

Policy coverage is limited to swimming pool cleaning and maintenance services including minor associated repairs. Coverage for swimming pool installation or major repair is not offered under this program.

Additional Information

Use a separate sheet of paper if necessary

FAX OR EMAIL THIS APPLICATION TO:

Allen Financial Insurance Group

12424 N. 32nd St #101

Phoenix, AZ 85032

800-874-9191 FAX 602-992-8327 <mailto:ballen@egggroup.com>