

# Pool&SpaPro Supplemental Questionnaire

## GENERAL INFORMATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Years in business under current name: \_\_\_\_\_

List the States in which you do business: \_\_\_\_\_

New York State Applicants: Any work in the five boroughs of New York?  Yes  No

Has applicant changed names in the last five years?  Yes  No

If YES, provide details: \_\_\_\_\_

Describe your Operations: \_\_\_\_\_

If any material changes planned for this year, please describe: \_\_\_\_\_

Percentage of current operations: General Contractor: \_\_\_\_\_% Subcontractor: \_\_\_\_\_% Constr. Mgr: \_\_\_\_\_%

List all member trade associations: \_\_\_\_\_

## PROGRAM ELIGIBILITY

- Enter the percentage of the risk's own payroll and/or sales that are generated from the following operations. Exclude work that the applicant subcontracts when determining eligibility percentages. **Final total must equal 100%.** (if "Not Applicable" to your operations please enter "0"). Percentages based on:  Payroll OR  Sales

Type of Work	% Commercial	% Residential	Total % of Work
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/hot tubs/saunas			
Pool/spa service/maintenance			
Pool/spa repair/rehabilitation			
Installation/construction of indoor residential pools and/or spas?			
Build/repair decking or other carpentry operations			
Concrete or cement work – foundation, patio, sidewalk, building envelope			
Demolition			
Excavation (not part of pool operation)			
Grading of land (not part of pool operation)			
Irrigation sprinkler system design/installation/repair			
Ornamental pools or fountains			
Outdoor lighting			
Swimming pool or accessory (other than: diving boards or slides) operations			
Retail pool, spa, hot tub sales			
Retail pool/spa chemical sales			
Retail patio furniture/pool supplies/accessories sales			
Wholesale distribution of pool & spa supplies/accessories			
Holiday decorations sales			
Other:			
<b>FINAL COMBINED TOTAL (MUST EQUAL 100%)</b>			

## Pool&SpaPro Supplemental Questionnaire (continued)

### PROGRAM ELIGIBILITY *(continued)*

2. If residential work is performed, please provide further breakdown of type of residential work:
- |  |                                      |
|--|--------------------------------------|
| Condos/Townhomes/Duplexes/Triplexes _____% | Custom homes (non Tract) _____%      |
| Tract housing (10 homes or less) _____%    | Tract housing (over 10 homes) _____% |
3. Indicate whether or not you have involvement in any of the following operations:
- Pool & spa chemical repackaging, formulation, mixing, blending or dilution:  Yes    No
  - Blasting or use of explosives:  Yes    No
  - Building, installation or maintenance of industrial and chemical sedimentation ponds or sewer/waste water collection ponds:  Yes    No
  - Elevated swimming pool installation in upper floors or rooftops of buildings (existing and/or new construction):  Yes    No
  - Direct importation of foreign manufactured products:  Yes    No
  - Hourly rental services of spas, sun tanning booths, hot tubs, etc. on or off premises:  Yes    No
  - Professional, public, semipublic or private pool management services (i.e.: lifeguard, etc.):  Yes    No
  - Sales of recreational vehicles (i.e.: golf carts, snowmobiles, mopeds, motor cycles):  Yes    No
  - Construction or maintenance of industrial or chemical sedimentation ponds, retention ponds or artificial lakes:  Yes    No
  - Construction of skate board parks and/or empty pools for skate boarding:  Yes    No
  - Original equipment manufacturer of products for the pool/spa industry:  Yes    No
4. Do you have any other operations, other than those described above and on the preceding page?  Yes    No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Any past, present, or future involvement with installing an EIFS product, or similar exterior finish system product in the past?  Yes    No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Any current or past involvement with **commercial or industrial** Wrap-up/OCIP/CCIP?  Yes    No
7. Have you ever installed diving boards or water slides?  Yes    No  
 If yes, what percentage of pools installed in the most recent year had diving boards or water slides?: \_\_\_\_\_%  
 If Yes, how many diving boards or water slides have you installed in the last 5 years? \_\_\_\_\_
8. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that could potentially give rise to any future claim or legal action?  Yes    No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Do you own OR operate a quarry, sand pit or gravel pit?  Yes    No
10. Have you obtained certification of participation in a Pool "Popping" Prevention seminar or established written procedures to control pool "pop-up" losses?  Yes    No
11. Is pool/spa design and installation completed in accordance with ANSI/NSPI technical standards?  Yes    No
12. Do you have an architect or engineer on staff?  Yes    No  
 If Yes, do you carry professional liability insurance?  Yes    No  
 If No, do you require the architect or engineer to carry their own professional liability insurance?  Yes    No
13. Does the risk communicate with the One-Call Service Center and the area utility owners that are not members of the One-Call Service Center prior to all scheduled excavation work?  Yes    No

# Pool&SpaPro Supplemental Questionnaire (continued)

## PROGRAM ELIGIBILITY *(continued)*

14. Is the Risk a one-person operation with no employees?  Yes  No
15. Has the risk been cited for any OSHA violations in the last three years?  Yes  No
- If yes, please explain: \_\_\_\_\_

## SUB-CONTRACTORS

16. Does the risk hire subcontractors?  Yes  No If YES, indicate percentage: \_\_\_\_\_%
- Please describe what type of work is subbed out: \_\_\_\_\_
- Does applicant obtain certificates of insurance from all subcontractors?  Yes  No
  - Does applicant require all subcontractors to carry primary liability insurance limits equal to or greater than their own?  Yes  No
  - Is the applicant named as an additional insured on all subcontractors' policies?  Yes  No
  - Does the applicant use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk?  Yes  No
  - Indicate type of subcontractor agreements the risk typically signs?  Standard (AIA contracts)  Custom
17. Does applicant ever take over the subcontracting work of an uncompleted project from another subcontractor at any at phase of construction?  Yes  No

## OPERATIONS

18. Does the risk get involved in any of the following operations?

Artificial turf grass installation, repair or service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos, lead paint, mold, radon, underground or aboveground storage tank or hazardous abatement or remediation work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concrete mix in transit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium or townhouse <b>conversion</b> work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conveyor work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crane operations and rigging	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crane rental to others – with or without operators	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition work, <b>other than</b> soft demo inside of buildings for remodeling purposes and demolition of one story structures in preparation of construction sites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dredging operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drilling operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Earth retaining wall operations, <b>other than</b> non-load bearing landscape walls that are a maximum 4 feet in height	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental remediation/abatement/impairment operations of any type	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment rental without operators to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment rental with operators to others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Golf course construction or development	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ground up construction or structural concrete work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hauling underground storage tanks or contaminated soil or cutting/breakdown of the tanks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local trucking for hire ( <b>other than</b> sand/gravel hauling <25% of total shipments)	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-site treatment of contaminated soils	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pest control application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pile driving of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Snow plowing operations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank construction, removal, erection, cleaning or repair ( <b>other than</b> septic tank work) or underground storage tank removal including removal of contaminated soils	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tunneling work of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underpinning buildings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work from barges or any other types of floatation vessels	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Pool&SpaPro Supplemental Questionnaire (continued)

### OPERATIONS *(continued)*

19. Does the risk have any future plans related to work involving condos, townhouses, tract homes, custom homes or homes of unusual design  Yes  No  
 If yes, please describe: \_\_\_\_\_
20. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction (construction defect claims) or workmanship, including claims due to subsidence issues or use of EIFS  Yes  No  
 If yes, please provide details on claims/litigation and how the issue was corrected: \_\_\_\_\_
21. Has the risk ever been involved as a GENERAL CONTRACTOR in the building of residential homes, condominiums, apartments, or townhouses in the past 10 years?  Yes  No  
 If yes, please describe: \_\_\_\_\_
22. Do you retain job files?  Yes  No  
 If yes, how long are they retained: \_\_\_\_\_
23. Does the risk have a written quality control program?  Yes  No  
*(If yes, please attach a copy with supplemental.)*
24. Is your equipment provided with theft-deterrent devices?  Yes  No  
 If yes, please describe: \_\_\_\_\_
25. Is your equipment secured at jobsites or inside vehicles?  Yes  No  
 If yes, please describe: \_\_\_\_\_
26. List current projects currently underway or planned for the next year, including values:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Please list ALL the types of chemicals transported: \_\_\_\_\_

### HISTORICAL EXPOSURE – GENERAL LIABILITY

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
<b>GL Premium</b>	\$	\$	\$	\$	\$
<b>GL Payroll</b>	\$	\$	\$	\$	\$
<b>Annual Receipts</b>	\$	\$	\$	\$	\$

### HISTORICAL AUTO EXPOSURE

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
<b>Auto Premium</b>	\$	\$	\$	\$	\$
<b># of Power Units</b>					

## Pool&SpaPro Supplemental Questionnaire (continued)

### EMPLOYEES

28. Do you conduct pre-employment drug testing?  Yes  No
29. Do you have a documented Safety Program?  Yes  No
30. Do you have tailgate/toolbox safety meetings?  Yes  No
31. Is there a formal fleet maintenance program in place?  Yes  No
32. Does insured obtain and review MVR's?  Yes  No
33. Do you regularly enforce that your employees wear protective gear?  Yes  No
34. Are employees permitted to take vehicle home at night?  Yes  No

If yes, please explain: \_\_\_\_\_

### SIGNATURE

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you do not have an electronic signature on your computer, please simply print and sign this form prior to submitting it to us.*

### PLEASE INCLUDE THE FOLLOWING ITEMS ALONG WITH THIS SUPPLEMENTAL APPLICATION:

- ✓ Completed & Signed accord applications for lines of business to be quoted
- ✓ 3 years plus 1 current year of currently valued, hard copy loss runs for all lines of business being requested. Loss runs should be valued within the past 90 days and include a brief description of all claims over \$10,000.
- ✓ If Automobile coverage has been submitted, please provide MVR's for all drivers of company vehicles.
- ✓ Current financials will be required for all accounts that generate over \$100,000 in annual premium.

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**PLEASE SEND SIGNED FORM AND ANY ADDITIONAL REQUIRED ATTACHMENTS TO THE ADDRESS BELOW:**

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Submit the form(s) electronically to:

**NIPProSub@nipgroup.com**

Or, mail the form(s) to:

**NIP Group**

Pool&SpaPro Division

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