PoolPro
by NIP GROUP

PoolPro 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? ☐ ☐

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

1. 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			0
Installation of in-ground pools (concrete/gunite)			0
Installation of in-ground pools (vinyl-lined)			0
Installation of in-ground pools (fiberglass)			0
Installation of spas/hot tubs/saunas			0
Pool/spa service/maintenance			0
Pool/spa repair/rehabilitation			0
Installation/construction of indoor residential pools and/or spas?			0
Build/repair decking or other carpentry operations			0
Concrete or cement work – foundation, patio, sidewalk, building envelope			0
Demolition			0
Excavation (not part of pool operation)			0
Grading of land (not part of pool operation)			0
Irrigation sprinkler system design/installation/repair			0
Ornamental pools or fountains			0
Outdoor lighting			0
Swimming pool or accessory (other than: diving boars or slides) operations			0
Retail pool, spa, hot tub sales			0
Retail pool/spa chemical sales			0
Retail patio furniture/pool supplies/accessories sales			0
Wholesale distribution of pool & spa supplies/accessories			0
Holiday decorations sales			0
Other:			0
FINAL COMBINED TOTAL (MUST EQUAL 100%)			0

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PoolPro Supplemental Questionnaire (continued)

PROGRAM ELIGIBILITY *(continued)*

2. If residential work is performed, please provide further breakdown of type of residential work:
   Condos/Townhomes/Duplexes _____% 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 cards, 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

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

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PoolPro 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
GL Premium	$	$	$	$	$
GL Payroll	$	$	$	$	$
Annual Receipts	$	$	$	$	$

HISTORICAL AUTO EXPOSURE

	Expiring Year	1st Prior Year	2nd Prior Year	3rd Prior Year	4th Prior Year
Auto Premium	$	$	$	$	$
# of Power Units					

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PoolPro 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: _____

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.

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

Submit the form(s) electronically to:
submissions@nipgroup.com

Or, mail the form(s) to:
NIP Group
PoolPro Division
900 Route 9 North, Suite 503
Woodbridge, NJ 07095

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully*) 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 (or any combination thereof**). *Applies in MD Only. **Applies in AL Only

Applicable in CA: For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Applicable in FL, ID, IN: 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. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in KY, NY and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation*). *Applies in NY Only.

Applicable in ME, TN, VA and WA:

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NH: 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 subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

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

Applicable in OH: 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.

Applicable in OK: 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.

Applicable in OR: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

FRAUD STATEMENT (All Other States):

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 MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or

incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THE APPLICATION AND FRAUD WARNINGS.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that I may be inspected by the Insurance Company at any time.

Applicant/Print Name: _____ Title: _____

Signature: _____ Date: _____

Name and Address of Producing Agency: _____

Signature of Producing Agent: _____ License #: _____ Date: _____