



**SPA AND POOL DEALERS AND
INSTALLERS PROGRAM (SPLASH)
Supplemental Application**

Fax to:
(800) 807-0-FREE
E-mail to:
Alex@BeyerInsurance.
biz

Account Name		Producer Name Business Competitive Edge Insurance Services, Inc	
Account Contact Name		Producer e-mail address Alex@BeyerInsurance.biz	
Account web site address	Account e-mail address	Date Completed	

Definitions of *italicized terms* are provided at the end of the supplement.

1. Please attach a list of the risk's jobs (job list) for the last two years as well as a list of the jobs committed to for the next 12 months.
2. Risk is operating as:

<input type="checkbox"/> <i>Construction Manager</i> _____%	<input type="checkbox"/> <i>General Contractor</i> _____%	<input type="checkbox"/> <i>Prime Contractor</i> _____%	<input type="checkbox"/> <i>Subcontractor</i> _____%
--	--	--	---

3. Enter the percentage of operations from the following? _____% based on Sales Payroll

Installation of above ground pools _____%	Pool/spa service/maintenance _____%
Installation of in-ground pools (concrete/gunite) _____%	Pool/spa repair/rehabilitation _____%
Installation of in-ground pools (vinyl-lined) _____%	*Retail pool, spa, hot tub sales _____%
Installation of in-ground pools (fiberglass) _____%	*Retail pool/spa chemical sales _____%
Installation of spas/hot tubs _____%	*Retail patio furniture/pool supplies/accessories sales _____%
*Whsle. distr. of pool & spa supplies/accessories _____%	*Holiday decoration sales _____%

***100% retail or wholesale/distribution operations are not eligible for the SPLASH program.**

4. Please indicate the percentage of operations/work in the following?

**Pool/spa chemical wholesale distribution _____%	**Blasting or use of explosives _____%
**Importation of foreign products _____%	**Pool installation in upper floors/rooftops _____%
**Pool/spa chemical repackaging, mixing, dilution _____%	**Construction/maint. of industrial/chemical sedimentation ponds, retention ponds or artificial lakes _____%
**Pool management services such as lifeguards _____%	**Sales of recreational vehicles (i.e.: mopeds, etc.) _____%
**Hourly rental services for spas/hot tubs, tanning booths, etc. _____%	**Original equipment manufacturer of products for the pool/spa industry _____%

****Ineligible operation, consult underwriting.**

5. Other operations? Yes No
 If **Yes**, please describe.

6. Has the risk been cited for any OSHA violations in the last three years? **If yes**, please explain further. Yes No

7. Does the insured 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 NA
 If **No**, the account is ineligible for the SPLASH program.

8. Has the insured obtained certification of participation in a Pool Popping Prevention seminar or established written procedures for pool drainage and to control pool "pop-up" losses? Yes No
 If **No**, please discuss the account with your underwriter.

9. Indicate the average percentage of the risk's TOTAL payroll or sales during the past 5 years for the following:
 Percentages based on: (Check one) Payroll Sales

COMMERCIAL WORK					%
INDUSTRIAL WORK					%
HABITATIONAL WORK					
Please complete if the risk does any habitational work.					
HABITATIONAL WORK BREAKDOWN	% NEW or MAJOR REHAB/ RENOVATION	+	% SERVICE OR MAINTENANCE	=	
<input type="checkbox"/> CONDOMINIUMS (High And Low Rise)	%	+	%	=	%
<input type="checkbox"/> TOWNHOUSES	%	+	%	=	%
<input type="checkbox"/> TRACT HOUSING	%	+	%	=	%
<input type="checkbox"/> TRIPLEXES AND DUPLEXES	%	+	%	=	%
<input type="checkbox"/> APARTMENTS	%	+	%	=	%
<input type="checkbox"/> Other _____	%	+	%	=	%
OTHER WORK: PLEASE DESCRIBE: _____					%
TOTAL (THE TOTAL SHOULD EQUAL 100%.)					%

10. List the states the insured worked in during the last 5 years.

11. Does the risk have any future plans related to work involving apartments, condos, townhouses, tract homes, custom homes or homes of unusual design. Yes No
 If **Yes**, please describe.

12. Has the risk ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues? Yes No
 If **Yes**, was risk acting as a: general contractor sub-contractor
 What type of project? habitational commercial
 Provide detail on claims/litigation and how the issue was corrected.

13. Does risk have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action? Yes No

If **Yes**, please describe.

If the answers to questions 11, 12 or 13 are **Yes**, please discuss the risk with your underwriter.

14. Any current or past involvement with *wrap-up/OCIP*? Yes No
Any residential *wrap-ups*? Yes No

15. Does the risk have a quality control program? Yes No
If **Yes**, is it Informal Documented

16. Is pool/spa design and installation completed in accordance with ANSI/NSPI technical standards? Yes No

17. Does the risk retain job files? Yes No

If **Yes**, how long are they retained?

18. Does the risk install diving boards or slides? Yes No

19. Does the risk hire subcontractors? If yes, what % of work is subcontracted Yes No

a. List the types of work subcontracted to others?

- b. Does the risk obtain Certificates of Insurance from all subcontractors? Yes No

- c. Is there a Diary System in place to track expiration dates of Certificates of Insurance? Yes No

- d. Does the risk require all subcontractors to carry primary limits equal to or greater than their own? Yes No

- e. Is the risk named as an additional insured on all subcontractors' policies? Yes No

- f. If subs are hired does legal counsel or the insurance agent review all contracts? Yes No

- g. Does the risk use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the risk? Yes No

20. Indicate the types of subcontractor agreements the risk typically signs.

Standard (AGC, AIA contracts) Custom Other

21. Does the insured have a New Hire Orientation Program with pre-physicals, drug screening, etc.? Yes No

22. Are safety meetings held on a quarterly basis? Yes No

Do managers and employees attend, and are attendance records kept? Yes No

If less than quarterly, how often?

23. Trade association affiliation? NSPI Other (list)

Answering this question is optional. Association membership is not a requirement for insurability.

24. Does the risk have an architect or engineer on staff? (If yes, please answer 24a.) NA Yes No

- a. If **Yes**, does the risk carry professional liability insurance? (If no, please answer 24b.) Yes No

- b. If **No**, does the risk require that the architect or engineer carry his/her own professional liability insurance? Yes No

HISTORICAL EXPOSURE

	Expiring Year Term: _____	1st Prior Year Term: _____	2nd Prior Year Term: _____	3rd Prior Year Term: _____	4th Prior Year Term: _____
Premium					
General Liability Payroll					
Receipts					

Please complete if umbrella is needed.

Personal Usage

- 25. Does the insured allow anyone to take vehicles home? Yes No
If so, who and how many? _____
- 26. Do they have written guidelines on personal use of company vehicles? Yes No
- 27. Do they allow family members to drive the company cars? Yes No
- 28. Do they report personal usage as additional income? Yes No

DEFINITIONS

Construction Manager – Construction management takes two forms - "pure agency" construction management and "at risk" construction management. "A pure agency construction manager" is an agent of the owner, neither designing nor constructing the project. Instead, the manager administers the construction contract throughout the planning, design and construction phases of the project. An "at risk construction manage" provides construction advice and construction leadership on a project during the planning and design stages and also provides construction leadership, contract management, direction, supervision, coordination and control of the work during the construction phase.

General Contractor is a contractor who subcontracts work to others in excess of 50% of their total receipts, exercises primary control of the job site, and is named in the construction documents as the general contractor of record.

Habitational work: Condominiums, triplexes, duplexes and townhouses.

Prime Contractor: Any contractor on a project having a contract directly with the owner. The principal contractor on a project.

Subsidence: Any movement of land or earth including: landslides; mudflow; earth sinking, rising, and shifting; collapse or movement of fill, earth settling, slipping, falling away, caving in, eroding or tilting; and earthquake.

Wrap-up (OCIP): A policy providing coverage(s) for all interests in a major construction project. Also known as an OCIP (Owner Controlled Insurance Program or a CCIP (Contractor Controlled Insurance Program).

Will you commit to participation in the Claim Documentation Program, which will be included in your costs?

_____*

(*Required to participate)

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

WORKERS COMPENSATION

(IF YOU WANT A WORKERS COMPENSATION QUOTE PLEASE COMPLETE THIS SECTION)

RISK MANAGEMENT

Hiring Practices:

29. Do you have check references for new hires? Yes No
30. Do you conduct pre-employment drug testing? Yes No
31. Do you conduct pre-employment physicals? Yes No
32. Do you conduct pre or post employment road tests for drivers? Yes No

Pre-Lost Procedures:

33. Do you have a Safety Director? Yes No
34. Do you have a Formal Safety Program?
If yes, how does Management support it? _____ Yes No
35. Do you have Safety Training? Yes No

If yes, what is the frequency of the training? _____	
Is attendance mandatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No

36. Do you have tailgate safety meetings? Yes No

Post-Lost Procedures:

- Do you have a Return-to-Work Program? Yes No
37. If yes it is written and formal? _____ Yes No

MANAGEMENT

38. What is your employee turnover ratio? Yes No

Employee Stability:

39. What is the average tenure of your employees? Full time _____ Part time _____
40. Do you use temporary employees? Yes No
41. Do you promote temporary employees to permanent? Yes No
42. What is your employee turnover ratio? _____

Employee Relations:

43. Do you provide employee benefits? Yes No
44. Do you subsidize the cost of benefits? Yes No
45. How does your pay scale compare with the industry in your locale? _____

HISTORICAL EXPOSURE

	Expiring Year	1 st Prior Year	2 nd Prior Year	3 rd Prior Year	4 th Prior Year
Premium:					
Workers Comp Payroll					
Experience Modifier					
Currently Valued Losses					

Please attach the current experience modification worksheet.

Information provided by the named insured to the Claim Documentation Program will be kept in strict confidence and can only be released to the insurance carrier's claims adjuster related to a specific claim reported by the above noted named insured. This information will not be released without the express written consent of the named insured or the insured's agent, unless ordered to do so by court processes. In the event any records are subpoenaed the insured will be notified immediately.

Producer's Signature

Date

Applicant's Signature

Date