



Texas Partners Insurance Group & Financial Services

Email: TPIG@sbcglobal.net
Fax: 936-309-0050

www.texaspartnersinsurance.com

POOL & SPA PROGRAM SUPPLEMENTAL APPLICATION

Named Insured: _____

Effective Date: _____

OPERATIONS

1. Please indicate total receipts for insured's operations: _____

Please break out your operations by percentage:	
A. Above-ground pool installation	%
B. Below-ground pool installation	%
C. Indoor pool installation	%
D. Hot tubs and /or spa installation	%
E. Pool and spa service/ maintenance	%
F. Retail pool store operations	%
G. Wholesale pool/ spa sales	%
H. Manufacturing Sales	%
I. Other	%

2. Total receipts? _____

3. What percentage is residential? _____

4. What percentage is commercial? _____

5. What technical certification have you attained? _____

6. Do you comply with NSPI recs for any pool installation or service? Yes No N/A

7. How many diving boards or slides have you installed in the last 2 years? _____

Any water park work in last 2 years? _____

SUBCONTRACTORS

8. What operations do you subcontract to others? _____

9. Do you use a written contract with your subs? Yes No N/A

10. Does the written contract require that your subs carry general liability coverage?
Yes No N/A

11. Do you use any uninsured subs? If so, for what operations? Yes No N/A

12. Do you require GL limits of 1 Million occurrence? Yes No N/A

13. Do you require your subcontractors to sign a hold harmless agreement? Yes No N/A

14. Do you require your subcontractors to name you as an additional insured to their general liability coverage? Yes No N/A

15. How many years do you keep certificates of insurance on hand? _____

SAFETY

16. What safety measures do you use to avoid hitting underground lines? _____

17. Do you take photos or videos of the construction site to record locates before digging?

Yes No N/A

18. What locate service do you use? _____

19. How do you secure your jobsite at night? _____

20. Do you use licensed electricians and/or plumbers for any operations? Yes No N/A

21. Do you have a written "pop-up" prevention program? Yes No N/A

22. Do you have a written safety program? Yes No N/A

23. Do you sell any pool chemicals or other products under your own name/ label? If yes, please list.

Yes No N/A

24. How & where do you store chemicals? _____

25. Which chemicals? _____
