

Chris-Leef General Agency, Inc.
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Swimming Pool Contractors General Liability Application

Applicant's Name _____ Agent Name _____

Mailing Address _____ Address _____

Location _____ PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M., Standard time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed Operations
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	
Other- Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. How long has applicant been in business? _____ yrs. Total number of employees _____

B. Estimated annual A) Payroll \$ _____ B) Sales _____ C) Cost of subcontractors \$ _____

C. Does applicant have Workers' Compensation coverage in force? Yes No

D. Does applicant lease employees? Yes No

E. Does applicant have sufficient signs, barricades, and fences to keep non-employees at a safe distance from the site and equipment? Yes No

F. Are flagmen ever used? Yes No If yes, are they fully and properly instructed? Yes No

G. Does the applicant use explosives? Yes No

H. Does the contractor make a thorough study of the subsurface, including identification of existing utility pipes and lines? Yes No

I. Is all self-propelled mobile equipment transported to job site on trailers? Yes No

J. If shoring is required on a job, does applicant employ OSHA-approved equipment and techniques? Yes No

K. What type of equipment is owned or leased? _____

Is the equipment inspected and serviced regularly? Yes No Are cranes used? Yes No

If yes, advise full details. _____

L. Are signs and/or barricades rented? Yes No

If yes, attach copy of certificate of insurance from rental company.

M. Does applicant store L.P.G., flammable liquids, ammunition, or explosives on the premises? Yes No

If yes, state the type and quantity stored. _____

N. Does applicant lend, lease, or rent any equipment to others? Yes No If yes, state the type of equipment involved and the gross receipts derived therefrom. _____

O. Does applicant subcontract work? Yes No If yes, state type. _____

Are certificates of insurance required from all subcontractors? Yes No

P. During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No If yes, explain. _____

Q. Does applicant adhere to the minimum standards established by the National Swimming Pool Institute when designing or constructing a pool? Yes No If not, explain why. _____

R. Does applicant install diving boards, slides, or other accessories? Yes No If yes, advise details on types, sizes, etc. _____

S. Does applicant have retail sales outlet of pool supplies, chemicals, accessories, etc? Yes No

If yes. advise separately full details on location, size, items sold, etc. _____

T. Are any products designed or manufactured by the applicant, by others for the applicant, or with the applicant's label? Yes No If yes, give full details, including brochures, separately. _____

U. Does applicant manufacture or install above-ground pools? Yes No If yes, advise details. _____

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

YEAR	COMPANY	POL.#	PREMIUM	LOSSES PAID	LOSSES RESERVED	DESCRIPTION

SCHEDULE OF HAZARDS

Loc #	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem/ Ops	Products	Prem/ Ops	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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 a any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR INSPECTION/AUDIT PURPOSES

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE