DUAL COMMERCIAL LLC

SWIMMING POOL SUPPLEMENTAL – DUAL SELECT

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| --- | --- |
| Applicant: | Phone: |
| Location Address: | Email Address: |
|  | Website: |

1. How long have you been in business?
2. How many years experience do you have doing pool repair, pool installation or pool servicing?
3. Percentage of work for in-ground pools?

Percentage of work for above ground pools?

1. Do you or your employees ever install diving boards or slides?  Yes  No

Maximum height of slides?       Feet.

Maximum height of diving boards?       Feet

1. Do you only use insured subcontractors to install diving boards or slides?

Yes  No

1. Minimum pool depth if installing a diving board?
2. Do you or your employees install or remove any protective fencing/kiddie fencing around the pool?  Yes  No
   1. Do your subcontractors?  Yes  No
3. Do you ever empty a pool to service it?  Yes  No
4. Are any explosives used?  Yes  No
5. Do you rent anything to anyone for any purpose?  Yes  No
6. Do you provide lifeguard services?  Yes  No
7. Do you build or install any in-ground pools?  Yes  No
8. Do you install any above ground pools?  Yes  No
9. Do you perform any servicing work other than vacuuming, skimming or adding chemicals?  Yes  No

1. If you perform installation of in-ground pools are all drains in compliance with the Virginia Graeme Baker Pool and Spa Safety Act?  Yes  No
2. Do you want limited coverage for swimming pool pop-up claims?  Yes  No
3. Do you install any swimming pools for new construction condos, townhomes or tract homes?  Yes  No
4. Do you perform any work for any national builders like Pulte Homes, Lennar or DR Horton?  Yes  No
5. Do you perform any work at water parks or resorts?  Yes  No
6. Do you own a swimming pool store?  Yes  No
7. If not, do you sell any chemicals or pool products not installed or used in your pool servicing business?  Yes  No
8. Total annual receipts from pool installation or servicing? $

Total annual receipts from pool store (if applicable)? $

Number of active owners?

Total payroll for employees other than owners or sales personnel?

$

Total cost of insured subs including labor and materials? $

Total cost of uninsured subs? $

Signature of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_