

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

SWIMMING POOL MAINTENANCE SUPPLEMENT APPLICATION
 (Include Acord application)

Applicant's Name: _____ Location Address: _____
 Mailing Address: _____

Is applicant properly licensed where required by law? Yes No License Number _____
 Number of active owners/officers/partners: _____ Number of Employees _____
 Estimated annual: Payroll (excl. owner) _____ Receipts _____ Subs Costs _____
 Does applicant carry Workers' Compensation coverage? Yes No
 Does applicant lease employees from others? Yes No
 If yes, please provide payroll. \$ _____
 Does applicant subcontract work to others? Yes No
 If yes, are certificates of insurance required? Yes No
 Do subcontractors name the applicant as additional insured? Yes No

List subcontractor trades used with costs and percentage of operations					
Trade	Cost	%	Trade	Cost	%

List percentage of operations under the following			
Apartments	%	Municipal Pools	%
Commercial Pools		Private Clubs	
Condominiums/Home Owner's Associations		Residential	
Hotels/Motels		Other: List	

Please detail any "yes" answers to the following questions below.

Does applicant install, service, or repair diving boards or platforms over one (1) meter? Yes No
 Does applicant install, service, or repair pool slides? Yes No
 Does applicant manufacturer or sell products under it's own label? Yes No
 Does applicant store any chemicals? Yes No
 Are all of the chemicals EPA approved and properly stored? Yes No
 Does applicant offer any other services? Yes No
 Does applicant rent portable spas? Yes No

Please provide details of types of service and repair work performed:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date