



**SWIMMING POOL  
MAINTENANCE PROGRAM  
APPLICATION**

1450 Hughes Rd., Suite 109  
Grapevine Texas 76051  
(817)424-5335 Fax (817)424-3772  
www.brechtassoc.com

Applicant's Name: \_\_\_\_\_ Proposed policy dates: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Location: \_\_\_\_\_

Limits Requested: \_\_\_\_\_ Deductible Requested: \_\_\_\_\_

How long in business under this name? \_\_\_\_\_ Years experience in this field: \_\_\_\_\_

Individual  Partnership  Corporation  Other

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 subcontractors 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 Owners' Associations		Residential	
Hotels / Motels		Other: List	

**Please detail any "yes" answer to the following questions below. Make sure to include gross receipts.**

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 manufacture or sell products under it's own label?  Yes  No

Does applicant store any chemicals?  Yes  No

Are all chemicals EPA approved?  Yes  No

Does applicant offer any other services?  Yes  No

Details: \_\_\_\_\_

**Prior Carrier Information**

Year	Carrier	Policy #	Limits	Premium	# of Claims	Total Paid*	Total Reserved*

**\*Attach separate sheet with details**

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.

<b>Applicant's Signature:</b>	<b>Date:</b>
<b>Producer's Signature:</b>	<b>Agency:</b>
	<b>Date:</b>