

Insured Name:	DBA:	Effective date:
Address:	City:	State, Zip:
Website:	Phone:	Years in business
Years of Related Experience:		

Please Indicate Percentage revenue for each of the following:

Pool and Spa Cleaning	%	Wholesale Pool and Spa	%
Pool and Spa Inspection	%	Rental Pool and Spa Sales	%
Pool and Spa Installation Above Ground	%	Pool and Spa Installation Below Ground	%

Percentage of operational territory is:

Rural %	Suburban %	Metropolitan %
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Vehicle Monitoring: (Check all that apply)

Recording Devices <input type="checkbox"/>	Radio Dispatch <input type="checkbox"/>	Surveillance Devices <input type="checkbox"/>	None <input type="checkbox"/>
GPS Servies <input type="checkbox"/>	Back-up Camera/ Alarms <input type="checkbox"/>	Other <input type="checkbox"/>	

Please Specify other if applies: _____

Driver Selection:

Written Application	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Written Test	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Physical	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Driving Test	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Interview	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Drug Test	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Reference Check	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	MVR Review	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Other	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No	Specify Other if Applies	

Please Specify other if applies: _____

Vehicle 1:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Vehicle 2:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Vehicle 3:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Vehicle 4:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Vehicle 5:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Vehicle 6:

Year:	Make:	Model:
Serial Number:		
Current Value of Vehicle: \$		

Insured Signature: _____	Agent Signature: _____
Date: _____	Date: _____