



# Pool / SPA Contractors Quick Quote Form

Print & Fax to: (256) 832-2232  
Print, Scan, Or E-mail to :  
chaynes@westinco.com

Wholesalers / Distributor

Effective date requested: \_\_\_\_\_ Agency: \_\_\_\_\_ SIU #: \_\_\_\_\_

Name of Business DBA: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

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

Company Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Total Annual Gross Sales: \$ \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Total Number of Full Time Employees: \_\_\_\_\_ Total Number of Part Time Employees: \_\_\_\_\_

Any bankruptcies or foreclosures in the last 5 years?  Yes  No Year Business Established? \_\_\_\_\_

Number of Owners: \_\_\_\_\_ Total Employee Payroll \$ \_\_\_\_\_

Do you install diving boards or slides?  Yes  No

Insured Sub-contracted Labor \$ \_\_\_\_\_ Additional AI's?  Yes  No If yes, attach list.

Complete Description of Operations / **\*\*Include any new services being provided\*\***:  
**(\*\*IMPORTANT to list all services provided so the proper classes are listed on policy\*\*)**

### Liability Limits (per Occurrence)

General Aggregate (other than Products/Completed Operations) \$ \_\_\_\_\_

Products & Completed Operations Aggregate \$ \_\_\_\_\_

Personal & Advertizing Injury (Any one person or organization) \$ \_\_\_\_\_

Each Occurrence \$ \_\_\_\_\_

Damage to Premises Rented to You (Any one Premises) \$ \_\_\_\_\_

Medical Expense (Any One Person) \$ \_\_\_\_\_

Umbrella policy needed ?  Yes  No If yes, Limits Desired : \$ \_\_\_\_\_

Employee Dishonesty?  Yes  No If yes, Limits Desired : \$ \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Additional Insured: \_\_\_\_\_

### Property Section

Physical Location Address: \_\_\_\_\_

Construction type:  Frame  Joisted Masonry  Masonry  Steel Protection Class: \_\_\_\_\_

Year Built: \_\_\_\_\_ Total Square Foot area: \_\_\_\_\_ No.of Stories: \_\_\_\_\_

Year Wiring Updated/installed: \_\_\_\_\_ Year Plumbing Updated/installed: \_\_\_\_\_

Year Heating Updated/installed: \_\_\_\_\_ Year Roof Updated/installed: \_\_\_\_\_

Sprinkler system throughout entire structure?  Yes  No In Force Service Contract  Yes  No

Burglar Alarm Type:  Local  Central  Direct  None

Fire Alarm Type  Local  Central  Direct  Hardwire  Battery  None

**Property Limits/Coverage**

Coverage

Deductible

Cause of Loss

Valuation

Limits

Building:

\$ \_\_\_\_\_

Special

ACV

\$ \_\_\_\_\_

BPP:

\$ \_\_\_\_\_

R C

\$ \_\_\_\_\_

BI:

\$ \_\_\_\_\_

ASL

\$ \_\_\_\_\_

**Business Auto**

Do you need Hired/Non-Owned Commercial Auto Liability Coverage?

Yes  No Limit: \_\_\_\_\_

Annual Cost of Hire: \_\_\_\_\_

No. of Drivers: \_\_\_\_\_

Delivery Provided?  Yes  No

Liability Coverage?  Yes  No

Physical Damage Coverage?  Yes  No

Year

Make

Model

VIN #

Value

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers Name

Date of Birth

Drivers License Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment**

Equipment and Tools (additional equipment submit on schedule)

Description

Serial Number

Value \$

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Loss History**

Any Property and or Liability Losses:  Yes  No If yes, explain below;

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Cause of Loss: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_