



SPPA APPLICATION: Please complete the following information. Upon approval and your chosen effective date, your membership will be processed within 24 hours. A welcome letter, proof of insurance and receipt will be emailed to you. Thank you! - Swimming Pool Pro Alliance Inc.

PO BOX 2485, Temecula CA 92593 Phone: 877-599-7772 Email: Office@theSPPA.com

What program are you applying for? (Please check one)

SILVER
\$2 Million Aggregate
\$1 Million Per Occurrence
\$125 Annual Alliance Fee

GOLD
\$3 Million Aggregate
\$1 Million Per Occurrence

PLATINUM
\$4 Million Aggregate
\$1 Million Per Occurrence

Structure of your company: (Please check one) _____ Sole Proprietorship _____ Corporation _____ LLC
Date you would like your membership and insurance to be effective (we cannot backdate): _____
Name of Primary Member (First and Last): _____
Please list first and last name(s) of the additional employee(s) to be scheduled on your policy: _____

Check if you do not currently have employees:

☐ I certify that I do not have employees and understand in the event of a claim if an employee is not listed, there will be no coverage.

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mobile Phone: _____ Office Phone: _____
Email: _____ Website (if applicable): _____

Estimated # of accounts you service/repair: _____ Please list % of work performed:
How many years of experience do you have? _____ Service: _____% Pool/Spa _____% Residential _____%
Contractor's License Number (if applicable): _____ Repair: _____% Fountain _____% Commercial _____%
Do you subcontract any work to subcontractors? _____ Yes _____ No Other: _____% Pond: _____% Other: _____%
If you answered yes, what is the % of work you subcontract? _____% **Total: 100% Total: 100% Total: 100%**
Last Year's Estimated Gross Receipts: \$ _____

In the last 5 years, have you had any claims or do you know of any circumstances that may result in a claim? _____ Yes _____ No
Are you performing construction or remodeling services of any kind? _____ Yes _____ No **ALL SPPA PROGRAMS DO NOT COVER CONSTRUCTION OR REMODEL OF ANY KIND.**
Please list your current or previous insurance carrier or association: _____
Please list number of years with insurance carrier or association: _____
Please list reason for leaving current or previous insurance carrier or association: _____

☐ **CHECK HERE IF YOU WOULD LIKE TO PAY BY CREDIT CARD:** Visa _____ Mastercard _____ Credit Card # _____
3% CREDIT CARD CONVENIENCE FEE WILL BE ADDED Expiration Date: _____ / _____ CVV Code _____
Billing Address (if different from above) _____

☐ **CHECK HERE IF YOU WOULD LIKE TO PAY BY BANK INFORMATION/ELECTRONIC DEBIT:** Routing Number: _____
(NO ADDITIONAL FEES WHEN YOU CHOOSE ACH) Account Number: _____

☐ **CHECK HERE IF YOU WOULD LIKE TO PAY ANNUALLY:** Two Months Initial Fee Amount: \$ _____ Alliance Fee: \$ 125.00 Discount Code: \$ _____
Two Initial Start-up Amount: \$ _____ Monthly Amount: \$ _____

Print Name and Title: _____ Signature: _____ Today's Date: _____

Please fax or email your completed application to: 877-797-0981 | office@thesppa.com

My signature authorizes Swimming Pool Pro Alliance, Inc. to deduct my initial start up cost on my chosen effective date and my monthly payment on the 15th of every month using the form of payment listed. As a SILVER PROGRAM member, my signature authorizes Swimming Pool Pro Alliance to deduct the \$125 Annual Fee on an annual basis as well as \$25 per issued certificate from the form of payment listed. I acknowledge that the origination of the AHC transactions to my account must comply with the provisioning of the United States law. This payment authorization will remain in effect until I, member, notify Swimming Pool Pro Alliance, Inc. of its cancellation by sending a written 30 day notice to allow both Swimming Pool Pro Alliance, Inc and the receiving financial institution a reasonable opportunity to act on it. By signing the application, I agree to the membership contract and I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. I certify that I understand and read all the questions and statements in this application and membership contract.