SWIMMING POOL PRO ALLIANCE

Swimming Pool Pro Alliance Inc.
PO Box 2485 Temecula, CA 92593
Phone: (877) 797-7772
Fax: (877) 797-0981
Email: office@thesppa.com
Web: www.thesppa.com

EMPLOYEE / WORKER DISCLOSURE AND COVERAGE ACKNOWLEDGMENT

Policy Number: SF26CGL118627IC

Named Insured:

Date:

Employee and Worker Disclosure

I understand that the insurance coverage provided under my policy is based upon the information I provide regarding the individuals performing work on behalf of my business.
By signing this document, I certify and acknowledge the following:

1. No Employees or Workers

I certify that I currently have no employees, workers, temporary workers, leased workers, day laborers, or any other individuals performing work on behalf of my business other than those already disclosed to The SPPA and/or Bahr Insurance Agency, Inc.
I understand that any individual performing work for my business may be considered an exposure under the policy and must be disclosed to ensure proper coverage consideration.

2. No Coverage for Undisclosed Workers

I understand and acknowledge that there may be no coverage available for any claim, loss, injury, property damage, or liability arising out of the actions, work, or operations of any employee, worker, helper, or individual who is not properly disclosed and approved under the policy.
I further understand that claims involving undisclosed workers may be denied in whole or in part.

3. Duty to Report Employees and Workers

I agree to immediately notify The SPPA and/or Bahr Insurance Agency, Inc. if I hire, utilize, or otherwise engage any employee, worker, helper, temporary worker, or other individual to perform work on behalf of my business.
I understand that coverage, if available, will only become effective after the worker has been properly disclosed, approved, and any applicable premium has been paid.

4. Misrepresentation and Fraud

I understand that knowingly failing to disclose employees, workers, or individuals performing work on behalf of my business constitutes a material misrepresentation of risk.
If I am aware that employees or workers are performing work for my business and I intentionally fail to disclose them, I understand that:

- *My policy may be canceled or non-renewed;*
- *Claims may be denied;*
- *Coverage may be restricted or voided as permitted by law;*
- *Such conduct may be considered insurance fraud and may be reported to the appropriate authorities.*

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5. Independent Contractors / Subcontractors

If I utilize independent contractors or subcontractors, I understand that I am responsible for obtaining and maintaining current proof of insurance from each subcontractor.

I further agree to:

- Obtain a Certificate of Insurance from each subcontractor;
- *Require that my company be listed as an Additional Insured on the subcontractor's liability policy whenever possible;*
- Maintain copies of all insurance documentation;
- *Provide copies of such documentation to The SPPA and/or Bahr Insurance Agency, Inc. upon request.*

I understand that failure to maintain proper insurance documentation for subcontractors may negatively impact coverage and claims handling.

Certification

I certify that the statements made above are true and correct to the best of my knowledge. I understand that The SPPA and Bahr Insurance Agency, Inc. are relying upon these representations when administering and maintaining my insurance coverage.

Named Insured Signature:

Printed Name:

Company Name:

Date: