



2010 \$1M LIABILITY INSURANCE REQUEST

(Requires successful completion of the Inter-Fab Certified Installer Program.)

DEALER/CERTIFIED INSTALLER INFORMATION

Company Name: _____

Certified Installer: _____

Address: _____

License #: _____

City: _____

Phone: _____

State: _____

Zip: _____

Fax: _____

Email: _____

DEALER/CERTIFIED INSTALLER ENDORSEMENTS

- I certify that the pools on which Inter-Fab products are installed, will meet the ANSI/NSPI-5 (2003) Standard for Residential Swimming Pools or the ANSI/NSPI-1 (2003) Standard for Public Swimming Pools minimum requirements.
- I agree that all Inter-Fab products shall be installed and followed in strict accordance to the Inter-Fab installation instructions and guidelines supplied with all products.
- I agree that all applicable local and state building/safety codes will be adhered to during every Inter-Fab product installation.
- I agree that all company personnel, subcontractors and installers must be aware of and follow all industry standards relating to the proper installation of Inter-Fab diving products and slides and will adhere to those requirements/standards.
- I agree that all company personnel, subcontractors and installers shall be made aware of all of these insurance coverage terms and will abide by and adhere to these endorsements for every Inter-Fab product installation.
- I will ensure that every home owner or pool operator will be supplied with all written materials that came with the Inter-Fab product(s).
- I will ensure that every home owner/pool operator has read and fully acknowledged all of the written warnings and safety information for the Inter-Fab product(s) installed on their premises.
- I will ensure that every home owner/pool operator understands that they must communicate all safety and warning information to all users of the Inter-Fab product(s).
- I agree to provide Inter-Fab with a Certificate of Insurance showing proof of insurance for my General Liability and Workers Compensation prior to installation of any Inter-Fab product.
- In signing this agreement, I am requesting registration of my company as an Additional Insured to Inter-Fab's Product Liability Insurance policy that provides \$1,000,000 per occurrence, \$2,000,000 aggregate in liability coverage PROVIDED that all the above conditions are strictly adhered to. I am aware that coverage only applies to installation of Inter-Fab products.
- I further understand that insurance granted to my company under Inter-Fab's product liability insurance policy will be subject to all insurance terms, conditions, exclusions and limitations included in such policy and potential exhaustion of coverage from prior/ongoing claims.
- I AGREE THAT THIS REQUEST FORM ESTABLISHES NO LIABILITY ON THE PART OF INTER-FAB AND THAT MY SOLE REMEDY WILL BE PURSUANT TO THE TERMS OF ANY INSURANCE POLICY WHICH MAY BE OBTAINED BY INTER-FAB FOR MY BENEFIT. I expressly waive any right to contribution or indemnity from Inter-Fab, except to the extent of any insurance obtained by Inter-Fab for my benefit.

Dealer/Certified Installer Signature _____

Date _____

IMPORTANT: Our liability insurance coverage is offered exclusively to our Web Partner members who have successfully completed the Inter-Fab Certified Installer Program.

This insurance agreement must be renewed annually. This form must be filled out in its entirety.

Please mail or fax the completed form to Inter-Fab Inc. using the contact information below.

PLEASE RETAIN A COPY FOR YOUR RECORDS.

INTER-FAB INC. • 3050 S. ALVERNON WAY • TUCSON, AZ 85713 • 800-737-5386 • 520-790-7127 FAX