

CVI 1: Summary Card

DATE \_\_\_\_\_



Your Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ FAX: \_\_\_\_\_

Location of Sick Route Cards \_\_\_\_\_ Email Address \_\_\_\_\_

Designated Representative In The Event You Are Medically Unable to Communicate With Sick Route Committee: \_\_\_\_\_

Are you interested in doing repairs for service only sick members at discounted parts and labor rates? Yes \_\_\_\_\_ No \_\_\_\_\_

Towns you have pool service in and number of each type of service account in each town

**PLEASE NOTE** - Whether you service pools or do repairs only, you still need to list Zip Codes for areas in which you work

City Name	Zip Code	# Full Service	# Chem/Filter	# Chem Only	City Name	Zip Code	# Full Service	# Chem/Filter	# Chem Only

Use Multiple Cards if Required to List All Information. This card must be updated every year.

I have waived any and all claims against IPSSA, Inc., IPSSA Management Company, IPSSA's chapters and/or its individual members arising out of my participation in the IPSSA Sick Route Plan, including, but not limited to, claims for lost income resulting from improper maintenance performed by IPSSA members. Sign: \_\_\_\_\_