APPLICATION FOR FIRE AND WATER RESTORATION CONTRACTORS

The coverage you are applying for includes three coverage parts:

- I. Commercial General Liability Occurrence Basis
- II. Contractors Pollution Liability Claims Made or Occurrence Basis
- III. "Fungi" (Mold) and Bacteria Liability Claims Made Basis

Instructions

- 1. Please complete this application. All questions applicable to your operations must be answered. If space on this form is insufficient to provide a complete answer, please attach information on separate sheets.
- 2. Application form must be signed and dated by an owner, partner or director/officer of your firm.
- 3. Additional information required for this submission:
 - Resumes of key personnel
 - Mold training certificates
 - Firms brochure describing services and qualifications if available
 - Five years of premium & loss history applicable to coverages requested if in business five years. *(Quotes may be issued based on a signed loss statement from the applicant. However, actual Loss Runs will be required to bind coverage.)
 - Sample Client and Subcontractor contract forms
 - Sample of proposal to prospective clients
 - <u>Table of contents</u> from SOP (Standard Operations Procedure) manual detailing mold inspection, removal & remediation procedures

Proposed Limits:	Proposed Deducti	ble(s):
Proposed Effective D	Date:/_/ Proposed Retro Date:	// Date of Application//
Part I: GENERAL	APPLICANT INFORMATION	
1. Full Name of Entit	y(s):	
Mailing Address:		
City:	State: Zip C	Code:
		Fax:
		ail:
Company is:Indi Other (describe):	ividual:Partnership: Corporati	ion: Joint Venture:
, ,		per CMR (Certified Master Restorator)
	Years performing fire & water restorate	
	arm been changed or has any other business so, please detail changes in chronological of	s been purchased or has any merger or consolidation order since inception

	pes the firm have: Subsidiaries yes, describe:	A Parent Company		
	ave there been any significant changes in plain:	n operations, business focus	or management over the	he past year? If yes,
2.	Address of any other locations for bra Mailing Address:		Zin Codo:	
3.	Mailing Address: State: Zip Code: State: Zip Code: State: Zip Code: State: State: Zip Code: State: State: Zip Code: State:			
4.	Please indicate the approximate perce clients you contract with:	ntage of your total gross rev	venues derived from the	e following categories of
Co Re Ins Inc	esidential% Statesurance Company% Local Company% Ow	cal Governmentorners who act as their own c	% % ontractors%	ó
	hat percentage of your work is with rep Is the applicant a member of a franchis			
6. Su	Total Staff of Personnel of Applicant: pervisors / Foremen Industrial	Breakdown of St Hygienists Field Pers	aff: Principals sonnel Clerical,	Technical
P	ART II: RECEIPTS AND OPERAT	IONS (include all invoice	ed work for the appropr	riate neriod)
1.	Total Receipts: Current expiring yea 2 nd Prior Year	r \$ Fir \$ 3 rd	st Prior Year \$	
2.	Total Receipts estimated for the next	12-month period \$		_
3.	Projected Next 12 Months Operations	Total Projected Gross Receipts	%Work Subcontracted	<u>Payroll</u>
Int Ca Ele	ater Extraction/Drying old Remediation terior Demolition/Debris Removal arpentry ectrical umbing	\$ \$ \$ \$ \$	% % % %	\$ \$ \$ \$ \$

	Total Projected	%Work Subcontracted	<u>Payroll</u>	
Roofing Siding Insulation HVAC Drywall Concrete/masonry Painting Flooring Other (must give description) Total	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	% %	\$	
Contracting 1. Do you always have a signed contract prior to the commencement of services? If not, explain 2. Do you do a formal evaluation of clients prior to contracting with them? 3. Do you have an attorney who evaluates your contracts? Who is your attorney? 4. Who has the authority to sign contracts? 5. Are all building materials inspected upon delivery for pre-existing mold contaminates? 6. Does the applicant have a procedure to handle mold related complaints? 7. Is there a written reporting process for water or mold related issues at a job site? 8. Does the applicant conduct a property survey at the time the owner takes possession? Provide sample 9. Who performs testing at the job sites? 10. Does the applicant subcontract to outside laboratories? List labs most frequently used				
11. Describe their qualifications: Remember to include a copy of your s				
PART III: CLAIMS HISTORY				
1. Have any claims been previously made a or Contractor's Pollution? If yes, d		or reported under any oth	er General Liability	
2. Have any claims related to mold been pre	eviously made agains	st the applicant? If y	ves, explain:	
3. Is the applicant aware of any fact, circuragainst it or any other person or entity for w			•	
4. Has any staff member or employees been professional or contracting activities?		olinary action by authoritic	es as a result of	

General Liability		Pollution Liability	
Carrier Name:			
Limits:\$occ/\$	agg	\$occ/\$	agg
Deductible: \$		\$	
Policy Dates:			_
Premium: \$		\$	
Occurrence or Claims Made:			
Expiration Date://		//	
Retro Date, if applicable://		/ /	

Is statutory workers compensation coverage carried in all states where applicant is exposed? _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the Company's quotation and the Company's written agreement to be bound is required to bind coverage and to issue a policy. It is agreed that this form and any supplementary data shall be the basis of the contract should a policy be issued, and will be attached to the policy.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. If an order is received, the application is attached to the policy so it is necessary that all questions be answered in detail.

PLEASE READ THE APPROPRIATE STATE FRAUD NOTICES NOTED BELOW.

NOTICE TO ARKANSAS APPLICANTS; "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES & CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY & WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO MINNESOTA APPLICANTS: "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

APPLICANT		DATE
	(Signature of owner or officer of corporation)	
APPLICANT	,	
	(Print name and title)	
BROKER/AC	GENT	DATE
	(Print name of firm & license #)	