

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
 - Table of contents from SOP (Standard Operations Procedure) manual detailing mold inspection, removal & remediation procedures

Proposed Limits: _____ **Proposed Deductible(s):** _____

Proposed Effective Date: ___/___/___ **Proposed Retro Date:** ___/___/___ **Date of Application** ___/___/___

Part I: GENERAL APPLICANT INFORMATION

1. Full Name of Entity(s): _____
Mailing Address: _____
City: _____ State: ___ Zip Code: _____
Contact Person: _____ Telephone: _____ Fax: _____
Web Site: _____ Email: _____

Company is: ___ Individual: ___ Partnership: ___ Corporation: ___ Joint Venture: ___

Other (describe): _____

Franchised? ___ RIA (Restoration Industry Assoc.) Member ___ CMR (Certified Master Restorator) ___

Years in business _____ Years performing fire & water restoration services _____

Has the name of the firm been changed or has any other business been purchased or has any merger or consolidation taken place? ___ If so, please detail changes in chronological order since inception

Does the firm have: Subsidiaries _____ A Parent Company _____ Other Related Entities _____
If yes, describe:

Have there been any significant changes in operations, business focus or management over the past year? ____ If yes, explain:

2. Address of any other locations for branch offices or subsidiaries:

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

3. Please describe the general geographic areas where you primarily work. List states and percentage of your total operation performed in that state.

4. Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients you contract with:

Commercial	_____%	Federal Government	_____%
Residential	_____%	State Government	_____%
Insurance Company	_____%	Local Government	_____%
Industrial	_____%	Owners who act as their own contractors	_____%

What percentage of your work is with repeat customers? _____%

5. Is the applicant a member of a franchised organization? ____ If yes, which one? _____

6. Total Staff of Personnel of Applicant: _____ Breakdown of Staff: Principals _____
Supervisors / Foremen _____ Industrial Hygienists _____ Field Personnel _____ Clerical, Technical _____

PART II: RECEIPTS AND OPERATIONS (include all invoiced work for the appropriate period)

1. Total Receipts: Current expiring year \$ _____ First Prior Year \$ _____
2nd Prior Year \$ _____ 3rd Prior Year \$ _____

2. Total Receipts estimated for the next 12-month period \$ _____

3. Projected Next 12 Months Operations	Total Projected Gross Receipts	% Work Subcontracted	Payroll
Water Extraction/Drying	\$ _____	_____%	\$ _____
Mold Remediation	\$ _____	_____%	\$ _____
Interior Demolition/Debris Removal	\$ _____	_____%	\$ _____
Carpentry	\$ _____	_____%	\$ _____
Electrical	\$ _____	_____%	\$ _____
Plumbing	\$ _____	_____%	\$ _____

	<u>Total Projected</u>	<u>% Work Subcontracted</u>	<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 contaminants? _____
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 standard contract with your application

PART III: CLAIMS HISTORY

1. Have any claims been previously made against the applicant or reported under any other General Liability or Contractor's Pollution? ____ If yes, describe: _____
2. Have any claims related to mold been previously made against the applicant? ____ If yes, explain: _____
3. Is the applicant aware of any fact, circumstance or situation which could result in a claim being made against it or any other person or entity for which coverage is being sought? ____ If yes, explain: _____
4. Has any staff member or employees been the subject of disciplinary action by authorities as a result of professional or contracting activities? ____ If yes, describe: _____

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/AGENT _____ **DATE** _____
(Print name of firm & license #)