

## **LIABILITY INSURANCE FOR RESTORATION & MOLD CONTRACTORS APPLICATION REQUIREMENTS**

1. Restoration & Mold Contractors Application - complete all questions in full.
2. Special attention should be paid to question 7. Please list your estimated gross receipts ***including subcontracted work*** for the next 12 months next to the appropriate category. List and describe services not described under "Other" (be specific). If you do not fully complete this question we will be unable to evaluate your account.
3. Resumes and proof of restoration and/or mold training.
4. Standard client contract used on mold projects. (Not required for national franchise groups or if less than 50% of gross receipts are from mold remediation)
5. If you are applying for Contractors Pollution Liability (CPL) only please attach proof of \$1mm Commercial General Liability coverage with an A rated carrier.
6. 5 year currently valued CGL loss runs and currently valued pollution liability loss runs (if pollution coverage is or has been in place during the past 5 years).
7. A copy of the expiring pollution liability policy showing the retroactive date (not required if retroactive coverage is not requested).
8. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).

## RESTORATION AND MOLD CONTRACTORS APPLICATION

**Do not use this application unless you are a Fire/ Water Restoration or Mold Contractor**

**NOTICE:** If a policy is issued, the limit of liability available to pay judgments for settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible or retention amount.

APPLICANT				DATE	
ADDRESS					
CITY		STATE	ZIP CODE		TELEPHONE #
Company is an: Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe) _____					
<b>1. Coverage Requested</b> <input type="checkbox"/> New Business <input type="checkbox"/> Renewal Business Requested Limits of Insurance / Deductible \$ _____ Per Occurrence \$ _____ Annual Aggregate \$ _____ Deductible <input type="checkbox"/> Contractors Pollution Liability <span style="float: right;">Current Policy's Retro Active Date _____/_____/_____</span> <input type="checkbox"/> Commercial General Liability <span style="float: right;">Current Policy's Retro Active Date _____/_____/_____</span> <input type="checkbox"/> Professional Liability <span style="float: right;">Current Policy's Retro Active Date _____/_____/_____</span> <input type="checkbox"/> Motor Vehicle Pollution Liability (please attached MVPL Supplement) <input type="checkbox"/> Other – Please List _____ <input type="checkbox"/> Other – Please List _____					
<b>2. HISTORY OF COMPANY</b>					
Date Established: _____			Web Address: _____		
Have there been any acquisitions, consolidations, dissolutions, mergers? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, explain: _____					
Does the firm have: <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities					
If yes, explain: _____					
Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					
<b>3. PRIOR LIABILITY CARRIER INFORMATION</b>					
COVERAGE FORM	CARRIER	LIMIT OF LIABILITY	Deductible	PREMIUM	Retro Active Date
Any policy or coverage declined, cancelled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					
<b>4. List any Entities that require that they be named as an Additional Insured or have other CPL Coverage Requirements. (Please attach a copy of their Insurance Requirements)</b> _____ Crawford and Co. and/or Crawford Contractor Connection (\$ _____ Est. Annual Gross Sales) _____ Alacrity Services, LLC (\$ _____ Est. Annual Gross Sales) _____ Other (List) (\$ _____ Est. Annual Gross Sales)					
<b>5. Is the applicant a member of a Franchise Organization?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? _____					
<b>6. Total personnel (List each person only once by primary function):</b> a. Architects, Engineers, Toxicologists, CIHs or CSPs, _____ b. Draftsmen, Technicians: _____ c. Supervisors/Foremen/Leadmen: _____ d. Laborers: _____ e. Other (specify): _____ Please attach all key persons resumes, certifications and licenses.					

**7. Gross Receipts (GR) for the past 3 fiscal years:**

1<sup>st</sup> prior year's GR: \$ \_\_\_\_\_ 2<sup>nd</sup> prior year's GR: \$ \_\_\_\_\_ 3<sup>rd</sup> prior year's GR: \$ \_\_\_\_\_

Fiscal Year Period: \_\_\_\_\_ to \_\_\_\_\_

Note: Gross Receipts are the total of all receipts, invoices and/or billings without any deductions of any kind. Please list your estimated gross receipts **including subcontracted work** for the next 12 months next to the appropriate category. List services not described below under "Other" (be specific):

<b>EMERGENCY RESPONSE, MOLD &amp; ENV. CONTRACTING</b>	<b>Projected Gross Receipts</b>
Mold Remediation ( <i>Including related interior demolition</i> )	\$
Water Extraction/Drying	\$
Sewage Cleanup	\$
Air Duct Cleaning	\$
Emergency Response ( <i>Fire – No Build Back</i> )	\$
Debris Removal	\$
Other: ( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
<b>RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/ WATER/ MOLD</b>	<b>Projected Gross Receipts</b>
Carpentry / Framing	\$
Concrete (Foundation)	\$
Concrete (Other)	\$
Drywall/Wallboard	\$
Electrical	\$
Flooring	\$
HVAC	\$
Interior Demolition ( <i>Not Related to Mold Remediation</i> )	\$
Painting	\$
Plumbing	\$
Roofing	\$
Other: ( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
<b>OTHER CONTRACTING (<i>Not Related to Fire/Water/Mold Restoration</i>)</b>	<b>Projected Gross Receipts</b>
Carpet/Upholstery Cleaning	\$
Janitorial Cleaning	\$
Other: ( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
( <i>Describe</i> )	\$
<b>TOTAL REVENUES FOR CONTRACTING SERVICES</b>	
	\$
<b>MOLD, MILDEW OR FUNGUS - CONSULTING / LABORATORY:</b>	<b>Projected Gross Receipts</b>
Air Monitoring for Mold	\$
Indoor Air Quality Consulting – Mold	\$
Mold Inspection	\$
Mold Remediation Plan Design	\$
Post Mold Remediation Testing & Consulting	\$
Laboratory Analysis of Mold	\$
Other Mold Services - Describe:	\$
Describe:	\$
Describe:	\$
<b>TOTAL REVENUES FOR PROFESSIONAL SERVICES</b>	
	\$

8. Do you perform mold inspection or assessment operations?  Yes  No  
 If yes, Do you perform the mold remediation work arising out of your mold inspection or assessment operations?  
 Yes  No

9. Do you perform Mold Remediation Project Supervision work for others?  Yes  No

10. Do you perform any installation, maintenance or repair operations related to Artificial Stucco, EIFS or Exterior Installation and Finish Systems?  Yes  No

11. Are you involved in any way in the construction of any building(s), structure(s) or addition(s)?  Yes  No  
 If yes, please advise full details: \_\_\_\_\_  
 \_\_\_\_\_

12. How many years has the applicant performed Fire & Water Damage Restoration and/or Mold Remediation Operations? \_\_\_\_\_

13. Subcontractors / Sub consultants / Independent Contractors

Do you subcontract any service to any entity?  Yes  No

Please identify the services that are performed on your behalf by others **UNDER written contract**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please identify the services that are performed on your behalf by others **WITHOUT a written contract:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. Does your Standard Contract with your Sub consultants / Subcontractors / Independent Contractors contain:

- Hold Harmless & Indemnification Clause in your favor
- Detailed Scope of Services Clause
- Requirement that you be named as an Additional Insured on their CGL Policy
- Requirement that you be granted a Waiver of Subrogation on their CGL Policy

15. Describe the Minimum Insurance Requirements of your Sub consultants / Subcontractors / Independent Contractors

Commercial General Liability \$ \_\_\_\_\_

Contractors Pollution Liability \$ \_\_\_\_\_

Professional Liability \$ \_\_\_\_\_

Do you require proof of Workers Compensation coverage from all Subconsultants / Subcontractors / Independent Contractors?  Yes  No

Does your firm collect Certificates of Insurance from All Subcontractors?  Yes  No

16. Do you use a standard indemnity contract with all of your clients?  Yes  No If no, please detail your contract procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Do you operate an in-house laboratory?  Yes  No  
If yes, please answer the following:  
What percentage of your overall sales is associated with this operation? \_\_\_\_\_

18. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Has any claim, suit or notice of incident been made against the firm or any staff member?  
 Yes  No If yes, please attach full details on each incident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member?  
 Yes  No If yes, please attach full details on each incident.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FRAUD WARNING: APPLICABLE TO ALL STATES**  
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.

**WARRANTY STATEMENT**  
The undersigned authorized officer of the applicant declares that the statements set forth herein are True. The undersigned authorized officer agrees that if the information supplied on the application Changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

Notice to applicants:  
a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.  
b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)