MOLD REMEDIATION CONTRACTORS

APPLICATION REQUIREMENTS

1. Contractors Pollution Liability Application and Acord 125 & 126 applications - complete all questions in full.
2. Special attention should be paid to question 9. 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. Submit resumes and proof of mold training.
4. Copy of standard client contract used on mold projects.
5. Copy of standard operating procedures for mold remediation
6. Attached “Current Ongoing Projects” form – fully completed.
7. Include a copy of your most current annual financial statement including income statement. (Not required for start up companies).

WE ONLY ACCEPT APPLICATIONS SUBMITTED BY INSURANCE AGENTS/BROKERS

Incomplete submissions will be declined

CONTRACTORS POLLUTION LIABILITY APPLICATION
PLEASE ANSWER ALL QUESTIONS IN FULL

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____ Partnership____ Corporation____ Joint Venture____ Other (describe) _____

1. COVERAGE REQUESTED
☐ New Business ☐ Renewal

2. Proposed Effective Date:

3. CURRENT **CGL** COVERAGE INFORMATION

Carrier:	
Inception/Expiration Dates:	
Limit of Insurance:	
Deductible:	

4. **CPL -** LIMITS OF LIABILITY/DEDUCTIBLE

Limits Requested:	
Deductible Requested:	
Retroactive Date Requested:	

5. **HISTORY OF COMPANY**

Date Established:

Have there been any acquisitions, consolidations, dissolutions, and mergers? ☐ Yes ☐ No

If yes, explain:

Does the firm have: ☐ Subsidiaries ☐ A parent company ☐ Other related entities

If yes, explain:

Do you share employees? ☐ Yes ☐ No

If yes, explain:

6. PRIOR CONTRACTORS POLLUTION LIABILITY CARRIER INFORMATION

CARRIER	RECEIPTS	LIMITS OF LIABILITY	DEDUCTIBLE	PREMIUM

7. Any policy or coverage declined, cancelled or non-renewed during the prior three years?
☐ Yes ☐ No If yes, explain:

ALL APPLICANTS MUST SUBMIT THE FOLLOWING INFORMATION IN ADDITION TO THE APPLICATION:

1) Resumes of Key Personnel, brochures and a listing of previous projects.
2) Most recent annual income statement showing applicable gross sales.
3) Five years of currently valued CGL loss runs including pollution and professional, if applicable.
4) Copy of expiring policy, if any, showing retroactive dates.

8. Total Employees (List each person only once by primary function):

a. Principals:	
b. Administrators and Clerical:	
c. Project Supervisors / Foreman:	
d. Equipment Operators:	
e. Laborers:	
f. Other (specify):	

Please attach all key persons resumes, certifications and licenses.

9. Gross Receipts for the past 3 fiscal years:_____/_____/_____/

Dates:_____/_____/_____/

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):

Contracting:	**Est. Gross Receipts**:	**Contracting**	**Est. Gross Receipts**:
Above Ground Storage Tank	$	Landscaping	$
Build Back / Restoration	$	Masonry	$
Carpentry / Framing	$	Mechanical Construction	$
Carpet/Upholstery Cleaning	$	Metal Erection	$
Concrete (Foundation)	$	Mold Abatement	$
Concrete (Other)	$	Painting (Interior)	$
Construction (Residential)	$	Painting (Exterior)	$
Construction (Comm./Ind)	$	Pile Driving	$
Debris Removal	$	Plumbing	$
Demolition (Interior)	$	Refrigeration	$
Demolition (Exterior)	$	Roofing (Hot Tar)	$
Dredging	$	Roofing (all other)	$
Drywall/Wallboard	$	Salvage Operations	$
Drillers (not oil & gas)	$	Sewer Main Construction	$
Electrical	$	Street Road Contracting	$
Emergency Response - Fire	$	Tank & Pipe Cleaning	$
Emergency Response - Sewage	$	UST (Installation, etc.)	$
Emergency Response - Water	$	UST (Removal)	$
Excavation	$	Waste Water	$
Flooring	$	Water Extraction	$
Furniture Moving	$	Water Main Construction	$
Grading of Land	$	Welding	$
HVAC	$	Other Contracting / Please describe:	
Industrial Maintenance	$		$
Insulation/Fire Proofing	$		$

Total Contracting Estimated Gross Sales $_____

10. Subcontractors / Sub consultants / Independent Contractors

Please identify the services that you subcontract: Applicable Cost

_____ $_____

_____ $_____

_____ $_____

_____ $_____

Does your firm collect certificates of insurance from all subcontractors? ☐ Yes ☐ No

11. Do you use a standard indemnity contract with your clients and subs? ☐ Yes ☐ No

If no, please detail your contract procedures:_____

_____

_____

12. Do you install any type of liner, i.e. landfill, lagoons, etc. ☐ Yes ☐ No

If yes, please advise full details: _____

_____

13. Do you perform any Build Back/Restoration Work that is NOT associated with mold, fire or water damage/remediation?

☐ Yes ☐ No If yes, please advise applicable % of your total operations: _____%

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

15. 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: _____

_____

16. Please list all projects in which your final invoice is now more than 60 days past due.

a_____

b_____

c_____

17. Do you conduct underground storage tank installation work? ☐ Yes ☐ No
If yes, please answer the following:
What percentage of your overall sales are associated with this operation: _____%
Are the installed tanks precision tightness tested before being released to owner? ☐ Yes ☐ No
Do you apply any type of corrosion protection? ☐ Yes ☐ No
Are tanks tested and certified by a registered professional before use? ☐ Yes ☐ No

18. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No
If yes, please advise or attach full details on each incident._____ __

_____

_____

_____

19. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, and his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☐ No
If yes, please advise or 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 <u>immediately</u> notify the Underwriters of such changes.

_____
(Signature)

_____
(Title)

_____
(Date)

CURRENT ONGOING PROJECTS

PROJECT DESCRIPTION (TYPE OF WORK)	CLIENT	NAME OFOWNER	ESTIMATED FEE	TARGET COMPLETION DATE