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 then 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).

WE ONLY ACCEPT APPLICATIONS SUBMITTED BY INSURANCE AGENTS/BROKERS

Substantially incomplete submissions will be declined

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____ Partnership____ Corporation____ Joint Venture____ Other (describe) _____

1. Coverage Requested ☐ New Business ☐ Renewal Business

Requested Limits of Insurance / Deductible

$_____Per Occurrence $_____Annual Aggregate $_____Deductible

☐ Contractors Pollution Liability *Current Policy's Retro Active Date* ____/____/____
☐ Commercial General Liability *Current Policy's Retro Active Date* ____/____/____
☐ Professional Liability *Current Policy's Retro Active Date* ____/____/____
☐ Motor Vehicle Pollution Liability (please attached MVPL Supplement)
☐ Other – Please List _____
☐ Other – Please List _____

2. **HISTORY OF COMPANY**

Date Established: | Web Address:

Have there been any acquisitions, consolidations, dissolutions, 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:

3. **PRIOR LIABILITY CARRIER INFORMATION**

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?
☐ Yes ☐ No If yes, explain:

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)

_____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)

5. Is the applicant a member of a Franchise Organization?

☐Yes ☐ No If yes, which one?

6. Total personnel (List each person only once by primary function):

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:
1st prior year's GR:$_____ 2nd prior year's GR:$_____ 3rd 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):

EMERGENCY RESPONSE, MOLD & ENV. CONTRACTING	**Projected Gross Receipts**
Mold Remediation *(Including related interior demolition)*	$
Water Extraction/Drying	$
Sewage Cleanup	$
Air Duct Cleaning	$
Emergency Response *(Fire – No Build Back)*	$
Debris Removal	$
Other: *(Describe)*	$
(Describe)	$
(Describe)	$
RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/ WATER/ MOLD	**Projected Gross Receipts**
Carpentry / Framing	$
Concrete (Foundation)	$
Concrete (Other)	$
Drywall/Wallboard	$
Electrical	$
Flooring	$
HVAC	$
Interior Demolition *(Not Related to Mold Remediation)*	$
Painting	$
Plumbing	$
Roofing	$
Other: *(Describe)*	$
(Describe)	$
(Describe)	$
OTHER CONTRACTING *(Not Related to Fire/Water/Mold Restoration)*	**Projected Gross Receipts**
Carpet/Upholstery Cleaning	$
Janitorial Cleaning	$
Other: *(Describe)*	$
(Describe)	$
(Describe)	$
TOTAL REVENUES FOR CONTRACTING SERVICES	$
MOLD, MILDEW OR FUNGUS - CONSULTING / LABORATORY:	**Projected Gross Receipts**
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:	$
TOTAL REVENUES FOR PROFESSIONAL SERVICES	**$**

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**

	Applicable Cost
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

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

	Applicable Cost
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

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)