



American Risk Management Resources Network, LLC Fire & Water Restoration Contractors Application



This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Please submit the following information in addition to this application:

- 1) Five years of currently valued loss runs for those lines of business that coverage is being requested.
- 2) Two years financials statements including balance sheet and income statement.
- 3) Certifications / licenses of all key personnel, including IICRC certificates.
- 4) Resumes of key personnel if you have been in business less than 3 years.
- 5) Sample of subcontractor agreement used.

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested): Ready Remediation, LLC DBA Paul Davis Restoration of Metro West Saint Louis

| | | | | |
|--|------------------------------|--|-------------------------------|-------------|
| Street address: 1129 N Warson Rd | City / State: Saint Louis | Zip code: 63132 | Phone number: 314-528-2838 | Fax number: |
| Mailing address if different from above (of first named insured): | | Website address: https://metrowest-stl.pauldavis.com/ FEIN: 85-2894237 | | |
| Street address: | City / State: | Zip code: | | |
| Contact E-mail: rj.karsten@pauldavis.com | | Contact name & phone number: RJ Karsten - 314-584-9388 | | |
| Year business started fire/water restoration operations: 2021 years | | Number of employees: 22 | | |
| Is applicant an industry group member subsidiary, or franchise of another entity? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, what entity? Paul Davis Restoration | | | | |
| Applicant operates as an: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other (Describe): | | | | |

COVERAGE REQUESTED

Check the box that applies: ☒ Environmental Combined Policy (GL, CPL & ECL) ☐ Environmental Consultants Liability (ECL) only
☐ Contractors Pollution Liability (CPL) only ☐ Contractors & Consultants Policy (CPL & ECL) combined

Limits of Insurance Requested: Each Occurrence/Claim \$1,000,000 Aggregate \$2,000,000 Deductible/SIR \$5,000

Proposed Effective date: 01/06/2024 Proposed Expiration date: 01/06/2025

EXPIRING INSURANCE PROGRAM

| General Liability | | Contractors Pollution Liability | | Professional Liability | |
|--|--------------------------------------|-------------------------------------|---|-------------------------------|-----------------|
| None <input type="checkbox"/> | | None <input type="checkbox"/> | | None <input type="checkbox"/> | |
| Occurrence <input checked="" type="checkbox"/> | Claims Made <input type="checkbox"/> | Occurrence <input type="checkbox"/> | Claims Made <input checked="" type="checkbox"/> | Claims Made | |
| Carrier: | Axis | Carrier: | Axis | Carrier: | Axis |
| Limits: | \$1M / \$2M | Limits: | \$1M / \$2M | Limits: | \$1M / \$2M |
| Deductible / SIR: | \$5,000 | Deductible / SIR: | \$5,000 | Deductible / SIR: | \$5,000 |
| Premium: | | Premium: | | Premium: | |
| Effective Dates: | 3/5/23 - 3/5/24 | Effective Dates: | 3/5/23 - 3/5/24 | Effective Dates: | 3/5/23 - 3/5/24 |
| Retroactive Date: | | Retroactive Date: | | Retroactive Date: | 3/5/2021 |

REVENUE HISTORY

| Year | Total Gross Revenues (\$) | Total Payroll (\$) | Number of Employees |
|-------------|---------------------------|--------------------|---------------------|
| Projected | \$ 5.0 M | \$ 1.8M | 30 |
| Expiring | \$ 4.5M | \$ 1.1M | 22 |
| First Prior | \$ 1.7M | \$ 845,000 | 16 |

OPERATIONS AND SERVICES

| ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply | Projected Gross Revenues | % Revenues Subcontracted | Projected Payroll of Applicant |
|--|--------------------------|--------------------------|--------------------------------|
| Asbestos Abatement | \$66390 | 100% | \$ |
| Carpet Cleaning | \$15000 | 100% | \$2400 |
| Debris Removal | \$40000 | 100% | \$6400 |
| Duct Cleaning | \$22225 | 100% | \$ |
| Lead Abatement | \$0 | % | \$ |
| Mold/Fungus Abatement – Commercial | \$56000 | 100% | \$8960 |
| Mold/Fungus Abatement – Residential | \$25000 | 100% | \$4000 |
| Pack-outs / Contents | \$536610 | 100% | \$80000 |
| Smoke / Odor Removal | \$200000 | 0% | \$32000 |
| Sewage Cleanup | \$75000 | 0% | \$12000 |
| Trauma / Crime Scene Cleanup | \$25000 | 0% | \$4000 |
| Water Extraction | \$1551015 | 0% | \$248162 |
| Other (explain): | \$ | % | \$ |
| CONSTRUCTION AND BUILD-BACK CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply | Projected Gross Revenues | % Revenues Subcontracted | Projected Payroll of Applicant |
| Carpentry / Drywall / Wallboard Installation | \$1979975 | 100% | \$ |
| Concrete | \$11090 | 100% | \$ |
| Demolition - Exterior | \$0 | 0% | \$ |
| Demolition - Interior | \$ | 100% | \$ |
| Electrical | \$63987 | 100% | \$ |
| Excavation/grading | \$0 | % | \$ |
| Flooring | \$125840 | 100% | \$ |
| HVAC | \$19688 | 100% | \$ |
| Insulation | \$85680 | 100% | \$ |
| Maintenance/Janitorial/Commercial Cleaning | \$0 | % | \$ |
| Metal Erection | \$0 | % | \$ |
| Painting | \$35000 | 100% | \$ |
| Plumbing - Commercial | \$15000 | 100% | \$ |
| Plumbing - Residential | \$25000 | 100% | \$ |
| Roofing - Residential/Commercial | \$1500 | 100% | \$ |
| Siding/Window Installation | \$25000 | 100% | \$ |
| Other (explain): | \$ | % | \$ |
| TOTAL FOR ALL CONTRACTING OPERATIONS | \$ | % | \$ |

| PROFESSIONAL SERVICES <input checked="" type="checkbox"/> Check here if this section does not apply | Projected Gross Revenues | % Revenues Subcontracted | Projected Payroll of Applicant |
|--|--------------------------|--------------------------|--------------------------------|
| Analytical Laboratories | \$ | % | \$ |
| Asbestos and/or Lead Consulting | \$ | % | \$ |
| Construction Management | \$ | % | \$ |
| Environmental Consulting | \$ | % | \$ |
| Mold/Fungus Assessments/Testing/Consulting – Commercial | \$ | % | \$ |
| Mold/Fungus Assessments/Testing/Consulting – Residential | \$ | % | \$ |
| Other (explain): | \$ | % | \$ |
| TOTAL FOR ALL PROFESSIONAL SERVICES | \$ | % | \$ |

BUSINESS PRACTICES

Does your firm have written quality control procedures?
If yes, please include the table of contents with this application. ☐ Yes ☒ No

Does your firm have an in-house continuing education program?
If yes, please describe: ☒ Yes ☐ No

Do you have a written formal health and safety program in place? ☒ Yes ☐ No

Do you engage in any operations, involving new installation of Exterior Insulation and Finishing Systems (EIFS)? ☐ Yes ☒ No

Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing? ☐ Yes ☒ No

What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments? IICRC

Do you provide written warranties for you work?

Do you do new construction work not associated with fire & water restoration?
If so, what percentage of your annual gross revenues are associated with these operations: ☐ Yes ☒ No

Do you do remodeling work not associated with fire & water restoration?
If so, what percentage of your annual gross revenues are associated with these operations: ☐ Yes ☒ No

Do you do building of single-family homes, multi-family homes, or commercial buildings?
If so, how many of each per year: single family homes: multi-family homes: commercial blgs.: ☐ Yes ☒ No

Does any one project or contract represent more than 25% of your annual revenue?
If so, please describe: ☐ Yes ☒ No

Total number of staff

| | | |
|--------------------------|---|---|
| Architects or Engineers: | Clerical and Accounting Employees: | 4 |
| Project Managers: 3 | Administrative Management: | 3 |
| Field Personnel: 9 | Other: | |
| Other than the above: 2 | Number of Principals (included in listing above): | 1 |

Subcontractors and Subconsultants

Indicate the percentage of work subcontracted out to others: % And percentage of work subcontracted out to 1099 employees: 0%

When hiring subcontractors and/or subconsultants, do you:

Require in writing for them to have General Liability insurance? ☒ Yes ☐ No

Require in writing for them to have Contractors' Pollution Liability, including coverage for Mold/Fungus? ☐ Yes ☒ No

Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance? ☐ Yes ☒ No

Require in writing to be named as an Additional Insured on the subcontractors and/or subconsultants' policies? ☒ Yes ☐ No

Sign a contract and obtain Waivers of Subrogation and Hold Harmless Agreements? ☒ Yes ☐ No

Verify all hired subcontractors and/or subconsultants carry their own workers compensation coverage? ☒ Yes ☐ No

Geographical Extent

List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:

| State/Country | Operations and/or Services Performed | Percentage of work performed % |
|---------------|--------------------------------------|--------------------------------|
| MO | Restoration / Remediation | 97% |
| IL | Restoration / Remediation | 3% |
| | | % |

Does the applicant perform operations / services in the state of New York?
If yes, what percentage is performed in the 5 boroughs (Bronx, Manhattan, Brooklyn, Queens, and Staten Island), the Metropolitan region, or the counties of Nassau, Suffolk, Rockland, and Westchester? ☐ Yes ☒ No

Do you engage in any work outside of the U.S.? If yes, what percentage? ☐ Yes ☒ No

Type of Clients

Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

| Category | Percent | Category | Percent |
|---|---------|---|---------|
| Insurance Carriers, from work related to fire/water restoration including F&W build-back work | 36% | Contractors | % |
| Direct Repair Networks, from work related to fire/water restoration including F&W build-back work | 63% | Owners who act as their own contractors | % |
| State or Local government | 1% | Other (explain): | % |

Type of Projects

Please indicate the approximate percentage of your total gross revenues derived from the following types of projects:

| Category | Percent | Category | Percent |
|--|---------|---------------------------|---------|
| Residential – Multifamily | 5% | Retail / Shopping Centers | % |
| Residential – Single Family / town homes | 73% | Hotels / Hospitality | % |
| Office / Commercial buildings | 22% | Other (explain): | % |

Franchises, Membership & Associations

Please check all that apply:

| | | | |
|--------------------------------|-------------------------------------|----------------------------|-------------------------------------|
| 1-800-PACKOUTS | <input type="checkbox"/> | Lionsbridge/CCA Global | <input type="checkbox"/> |
| 1-800-Water Damage | <input type="checkbox"/> | Nexus Solutions Group, LLC | <input type="checkbox"/> |
| AdvantaClean | <input type="checkbox"/> | Paul Davis Restoration | <input checked="" type="checkbox"/> |
| Alacrity | <input checked="" type="checkbox"/> | Puroclean | <input type="checkbox"/> |
| Code Blue | <input checked="" type="checkbox"/> | Rainbow International | <input type="checkbox"/> |
| Crawford Contractor Connection | <input type="checkbox"/> | RIA | <input type="checkbox"/> |
| DKI | <input type="checkbox"/> | Service Master | <input type="checkbox"/> |
| ICRA & Associations | <input checked="" type="checkbox"/> | ServPro | <input type="checkbox"/> |
| IMACC | <input checked="" type="checkbox"/> | Other (explain): | <input type="checkbox"/> |

VEHICLE EXPOSURES

| | | | | | |
|--|--|-----------------------|-------------------|---------------------|---|
| Number of company owned vehicles (list below) | | 12 | Number of drivers | | 12 |
| Private Pass: | | Light Trucks: | 0 | Medium Trucks: | |
| Heavy Trucks: | | Heavy Truck Tractors: | | Extra-Heavy Trucks: | |
| Extra-Heavy Truck Tractors: | | Trailers: | 1 | | |
| Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details: | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are MVR's pulled on all drivers? If yes, please provide details: Part of Gorilla Background check pulls this information | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them: Technicians take a drivers program thought Paul Davis | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there a vehicle maintenance program in place? If yes, please provide details: All New Vehicles | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles: | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you use owner/operators? If yes, please describe: | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you allow employees to take company vehicles home? | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours? | | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe: | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

PROPERTY OF OTHERS / BAILEES EXPOSURES

☐ Check here if this section does not apply

Limits Requested

| Sublimit(s) of Insurance | Aggregate Sublimit of Insurance | |
|--------------------------|---------------------------------|-------------------------------------|
| \$100,000 | \$100,000 | <input type="checkbox"/> |
| \$250,000 | \$250,000 | <input type="checkbox"/> |
| \$500,000 | \$500,000 | <input checked="" type="checkbox"/> |
| \$750,000 | \$750,000 | <input type="checkbox"/> |
| \$1,000,000 | \$1,000,000 | <input type="checkbox"/> |

What is the maximum value of property of others that you store at any one time: \$400,000

How many storage locations do you have? 1

What is the typical number of pack-outs per year? 30

How many storage locations are located in a 100 year flood plain or in an area subject to periodic ponding or flooding? 0
Please provide details:0

Has the applicant ever been subject to any claim for damage to property in your care, custody or control by any client or other third party? If yes, please describe: Purchases and Shoes missing - Nove 2023 Claim

☒ Yes ☐ No

COMPANY HISTORY

Has any Insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?
If yes, please explain: ☐ Yes ☒ No

Does applicant have any subsidiaries or related entities not listed above?
If yes, please describe your obligations for past, present & future liabilities: ☐ Yes ☒ No

Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details: ☐ Yes ☒ No

Have there been any mergers/acquisitions, consolidations or divestitures?
If yes, please describe your obligations for past, present & future liabilities: ☐ Yes ☒ No

Has this business ever operated under a different name?
If yes, please describe your obligations for past, present & future liabilities: ☐ Yes ☒ No

Please describe any significant changes in operations or services over the last 12 months, including any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired: None

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details: ☐ Yes ☒ No

Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details: ☐ Yes ☒ No

Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details: ☐ Yes ☒ No

Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide: ☐ Yes ☒ No

Name of Firm

Contact

Phone Number

E-mail

CLAIMS

Have any claims been made within the past 5 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?
If yes, please provide details (use additional paper if necessary): a Claim for Lost Purses and Shoes in Nov 2023 ☒ Yes ☐ No

Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested?
If yes, please provide details (use additional paper if necessary): ☐ Yes ☒ No

Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services?
If yes, describe (use additional paper if necessary): ☐ Yes ☒ No

Applicant:

Title:

Applicant's Signature:

Date:

Agent / Broker Name:

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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.

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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 and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of 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 LOUISIANA 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 and confinement in prison.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal 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 OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 RHODE ISLAND: 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 and confinement in prison.

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.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.