



| | | |
|---|---|--|
| APPLICATION DATE <input style="width: 100%; height: 20px;" type="text"/> | NEED BY DATE <input style="width: 100%; height: 20px;" type="text"/> | PROPOSED EFFECTIVE DATE <input style="width: 100%; height: 20px;" type="text"/> |
|---|---|--|

RESTORATION & MOLD CONTRACTORS APPLICATION

SECTION A: APPLICANT INFORMATION

| | | | | |
|--|-----------------------|------------------------|------------------------|-----------------|
| APPLICANT | | | | |
| MAILING ADDRESS | | CITY | STATE | ZIP CODE |
| PHYSICAL ADDRESS IF DIFFERENT | | CITY | STATE | ZIP CODE |
| CONTACT NAME | CONTACT E-MAIL | CONTACT PHONE # | WEBSITE ADDRESS | |
| COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify) | | | | |

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

SECTION B: PERSONNEL

| | |
|---|---|
| <ol style="list-style-type: none"> 1. Number of Officers/Directors 2. Number of Other Key Personnel 3. Total Number of Personnel 4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | <p>PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/ RESUME FOR ALL OFFICERS, DIRECTORS AND KEY PERSONNEL LISTED.</p> |
|---|---|

SECTION C: HISTORY OF COMPANY

| | |
|--|--|
| 1. Date Established | 2. Does the applicant have <input type="checkbox"/> Subsidiaries <input type="checkbox"/> A parent company <input type="checkbox"/> Other related entities If yes, explain: |
| 3. Do you share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | |
| 4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: | |
| 5. Is the applicant a member of a Franchise Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? | |

SECTION D: REQUESTED COVERAGE Renewal New Business

| COVERAGES | MOLD | LIMITS | DEDUCTIBLE | PROPOSED RETRO |
|---|--|--------|------------|----------------|
| <input type="checkbox"/> CGL | | | | |
| <input type="checkbox"/> CPL Claims Made | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> CPL Occurrence | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Crawford Alacrity Hired & Non-Owned Auto TPL Endorsement Other (specify)

SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

| COVERAGES | CARRIER | MOLD | LIMITS | DEDUCTIBLE | RETRO | PREMIUM |
|---|---------|--|--------|------------|-------|---------|
| <input type="checkbox"/> CGL | | | | | | |
| <input type="checkbox"/> CPL Occurrence | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> CPL Claims Made | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Professional Liability | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

TOTAL PREMIUM PACKAGE POLICY

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

| | FISCAL YEAR | RECEIPTS | <p>Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</p> |
|----------------------------|-------------|----------|---|
| 1 st prior year | | | |
| 2 nd prior year | | | |
| 3 rd prior year | | | |

SECTION G: EMERGENCY RESPONSE, MOLD & ENVIRONMENTAL CONTRACTING

Check here if this section does not apply

| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS |
|---|-------------------------|--------------------|---|-------------------------|--------------------|
| Abatement Contracting - Mold | | | Trucking – Hazardous Materials | | |
| Air Duct Cleaning | | | Waste Contracting – Hazardous Materials | | |
| Debris Removal (Hazardous Materials) | | | Waste Contracting – Non-Hazardous Materials | | |
| Debris Removal (Non Hazardous/Waste) | | | Water Extraction | | |
| Emergency/Spill Response – Fire (No Build Back) | | | Other (Specify) | | |
| Liquid Waste Management and Treatment | | | Other (Specify) | | |
| Mold Prevention | | | Other (Specify) | | |
| Sewage Waste Remediation | | | TOTALS | | |

SECTION H: RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/WATER/MOLD INCLUDE ONLY BUILD/BACK OPERATIONS ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE

Check here if this section does not apply

| | | | | | |
|--|--|--|---|--|--|
| Build/ Back Restoration | | | Interior Demolition/by Hand (more than 6 stories) | | |
| Carpentry | | | Interior Demolition/by Hand (not more than 6 stories) | | |
| Carpet, Rug, Furniture or Upholstery Cleaning | | | Janitorial Contents Cleaning | | |
| Concrete Construction – Foundation Work | | | Painting | | |
| Drywall or Wall Installation | | | Plastering or Stucco Work (No EIFS) | | |
| EIFS | | | Plumbing | | |
| Electrical Contracting | | | Roofing | | |
| Exterior Demolition of 4 Story Building | | | Other (Specify) | | |
| Floor Covering Installation – Not Ceramic or Stone Tiles | | | Other (Specify) | | |
| Framing | | | Other (Specify) | | |
| HVAC | | | Other (Specify) | | |
| Industrial Cleaning, Maintenance | | | TOTALS | | |

SECTION I: MOLD, MILDEW, FUNGUS CONSULTING/LABORATORY

Check here if this section does not apply

| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS |
|---------------------------------|-------------------------|--------------------|---------------------------------|-------------------------|--------------------|
| Mold Analytical Laboratories | | | Other Mold Operations (Specify) | | |
| Mold Consulting | | | Other Mold Operations (Specify) | | |
| Mold Inspection | | | Other Mold Operations (Specify) | | |
| Mold Post Remediation Sampling | | | Other Mold Operations (Specify) | | |
| Project Remediation Mold Design | | | TOTALS | | |

SECTION J: DO YOU PERFORM ANY OPERATIONS NOT RELATED TO RESTORATION AND MOLD CONTRACTING? INCLUDE ALL REMODELING AND BUILD/BACK NOT ASSOCIATED WITH FIRE/WATER/MOLD DAMAGE Yes No

| OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS | OPERATIONS | PROJECTED GROSS REVENUE | % SUBBED TO OTHERS |
|---|-------------------------|--------------------|------------|-------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | TOTALS | | |
| TOTAL REVENUE FOR ALL OPERATIONS | | | | | |

SECTION K: SUBCONTRACTED OPERATIONS Check here if this section does not apply

- Total percent of all work subcontracted to others:
- Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? Yes No
- 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
- Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors

Commercial General Liability Contractors Pollutions Liability Professional Liability
- Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors? Yes No
- Does your firm collect Certificates of Insurance from all Subcontractors? Yes No

SECTION L: OPERATIONS/PROCEDURES

- Please list all states where you perform operations:
If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? Yes No If yes, what percent?
- How many years have you performed Fire/Water/Damage Restoration Work and or/Mold Remediation Operations?
- Do you have current mold training certification? Yes No If yes, please attach copies of the certifications.

SECTION M: CLAIMS

- Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? Yes No

| | Total Incurred | Number of Claims | Valuation Date | Include Loss & Expenses Paid & Reserved |
|----------------------------|----------------|------------------|----------------|---|
| Current Year | | | | |
| 1 st Prior Year | | | | |
| 2 nd Prior Year | | | | |
| 3 rd Prior Year | | | | |
| 4 th Prior Year | | | | |

- 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.
- 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: _____

Date: _____

Title: _____