

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.

Said Dawood

 (Signature)

Owner

 (Title)

2/19/2024

 (Date)

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? 4

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: _____

7. Gross Receipts (GR) for the past 3 fiscal years:
 1st prior year's GR: \$ N/A 2nd prior year's GR: \$ N/A 3rd prior year's GR: \$ N/A

Fiscal Year Period: N/A to N/A

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)	\$	50,000.00
Water Extraction/Drying	\$	100,000.00
Sewage Cleanup	\$	50,000.00
Air Duct Cleaning	\$	0
Emergency Response (Fire – No Build Back)	\$	20,000.00
Debris Removal	\$	20,000.00
Other: (Describe)	\$	
(Describe)	\$	
(Describe)	\$	
RECONSTRUCTION OF PROPERTY DAMAGED BY FIRE/ WATER/ MOLD		Projected Gross Receipts
Carpentry / Framing	\$	N/A
Concrete (Foundation)	\$	N/A
Concrete (Other)	\$	N/A
Drywall/Wallboard	\$	N/A
Electrical	\$	N/A
Flooring	\$	N/A
HVAC	\$	N/A
Interior Demolition (Not Related to Mold Remediation)	\$	N/A
Painting	\$	N/A
Plumbing	\$	N/A
Roofing	\$	N/A
Other: (Describe)	\$	N/A
(Describe)	\$	
(Describe)	\$	
OTHER CONTRACTING (Not Related to Fire/Water/Mold Restoration)		Projected Gross Receipts
Carpet/Upholstery Cleaning	\$	0
Janitorial Cleaning	\$	0
Other: (Describe)	\$	
(Describe)	\$	
(Describe)	\$	
TOTAL REVENUES FOR CONTRACTING SERVICES		\$ 240,000.00
MOLD, MILDEW OR FUNGUS - CONSULTING / LABORATORY:		Projected Gross Receipts
Air Monitoring for Mold	\$	0
Indoor Air Quality Consulting – Mold	\$	0
Mold Inspection	\$	0
Mold Remediation Plan Design	\$	0
Post Mold Remediation Testing & Consulting	\$	0
Laboratory Analysis of Mold	\$	0
Other Mold Services - Describe:	\$	
Describe:	\$	
Describe:	\$	
TOTAL REVENUES FOR PROFESSIONAL SERVICES		\$

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.

(CDB)

APPLICANT <i>Servpro of Centerline (C&A Ventures) LLC</i>		DATE <i>2/19/2024</i>	
ADDRESS <i>1658 E. NINE MILE ROAD</i>			
CITY <i>Hazel Park</i>	STATE <i>MI</i>	ZIP CODE <i>48030</i>	TELEPHONE # <i>586 709-1013</i>
Company is an: Individual Partnership Corporation Joint Venture <input checked="" type="checkbox"/> Other (describe)			
1. Coverage Requested <input checked="" type="checkbox"/> New Business <input type="checkbox"/> Renewal Business			
Requested Limits of Insurance / Deductible <i>\$2,000,000.00</i> Per Occurrence <i>\$3,000,000.00</i> Annual Aggregate <i>\$5,000.00</i> Deductible			
<input checked="" type="checkbox"/> Contractors Pollution Liability		Current Policy's Retro Active Date <i> / /</i>	
<input checked="" type="checkbox"/> Commercial General Liability		Current Policy's Retro Active Date <i> / /</i>	
<input type="checkbox"/> Professional Liability		Current Policy's Retro Active Date <i> / /</i>	
<input type="checkbox"/> Motor Vehicle Pollution Liability (please attached MVPL Supplement)			
<input type="checkbox"/> Other - Please List _____			
<input type="checkbox"/> Other - Please List _____			
2. HISTORY OF COMPANY			
Date Established: <i>3/1/2024</i>		Web Address: _____	
Have there been any acquisitions, consolidations, dissolutions, mergers? <input type="checkbox"/> Yes <input checked="" 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 <i>N/A</i>			
If yes, explain: _____			
Do you share employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: _____			
3. PRIOR LIABILITY CARRIER INFORMATION			
COVERAGE FORM	CARRIER	LIMIT OF LIABILITY	Deductible PREMIUM Retro Active Date
<i>N/A</i>			
Any policy or coverage declined, cancelled or non-renewed during the prior three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one? <i>Servpro</i>			
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.			