



APPLICATION DATE	NEED BY DATE	PROPOSED EFFECTIVE DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESTORATION & MOLD CONTRACTORS APPLICATION

SECTION A: APPLICANT INFORMATION

APPLICANT Arizona Disaster Services LLC				
MAILING ADDRESS 22712 S 179TH ST		CITY Gilbert	STATE AZ	ZIP CODE 85298
PHYSICAL ADDRESS IF DIFFERENT		CITY	STATE [STATE]	ZIP CODE
CONTACT NAME Chase Rooney	CONTACT E-MAIL chase@azdisasterserv.com	CONTACT PHONE # 480-201-9265	WEBSITE ADDRESS	
COMPANY IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input checked="" 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 1 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 checked="" type="checkbox"/> No If yes, please explain: 	<p>PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/ RESUME FOR ALL OFFICERS, DIRECTORS AND KEY PERSONNEL LISTED.</p>
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SECTION C: HISTORY OF COMPANY

1. Date Established 2/16/11	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 checked="" 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 checked="" type="checkbox"/> No If yes, explain:	
5. Is the applicant a member of a Franchise Organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, which one?	

SECTION D: REQUESTED COVERAGE

	<input type="checkbox"/> Renewal	<input checked="" type="checkbox"/> New Business		
COVERAGES	MOLD	LIMITS	DEDUCTIBLE	PROPOSED RETRO
<input checked="" type="checkbox"/> CGL		\$1M Occ/\$2M Agg		
<input type="checkbox"/> CPL Claims Made	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> CPL Occurrence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Professional Liability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Crawford <input type="checkbox"/> Alacrity <input type="checkbox"/> Hired & Non-Owned Auto <input type="checkbox"/> TPL Endorsement <input type="checkbox"/> Other (specify)				

SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input checked="" type="checkbox"/> CGL	unknown	Yes	\$1M/\$2M			
<input type="checkbox"/> CPL Occurrence		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> CPL Claims Made		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Professional Liability		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TOTAL PREMIUM PACKAGE POLICY						

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

	FISCAL YEAR	RECEIPTS	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).
1 st prior year	2024	1,200,000	
2 nd prior year	2023	1,100,000	
3 rd prior year	2022	1,100,000	

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)	120,000		Water Extraction	60,000	
Emergency/Spill Response – Fire (No Build Back)			Other (Specify) Structural Dry Out	540,000	
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		120,000	Interior Demolition/by Hand (not more than 6 stories)		
Carpet, Rug, Furniture or Upholstery Cleaning			Janitorial Contents Cleaning		
Concrete Construction – Foundation Work			Painting	120,000	
Drywall or Wall Installation		60,000	Plastering or Stucco Work (No EIFS)		
EIFS			Plumbing		60,000
Electrical Contracting			Roofing		
Exterior Demolition of 4 Story Building			Other (Specify)		
Floor Covering Installation – Not Ceramic or Stone Tiles		120,000	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: Arizona
 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: _____