

## Renewal Application for Environmental Coverages

applicant Clean Air Restoration, Inc./eddierestanicar@cleanairrestoration.net

address: 35 Norfolk Ave

<https://cleanairrestoration.net/>

city: Clarendon Hills

state: IL

zip: 60514

website:

total annual gross revenues for the upcoming year:

\$ 75,000

prior year's gross revenues:

\$ 63,000

**environmental contracting, total environmental consulting and total non-environmental contracting services performed (must sum to 100%):**

environmental contracting services	% of revenues	environmental consulting services	% of revenues
asbestos/lead abatement		air monitoring/air quality testing	5
air duct cleaning/air pollution control		analytical lab testing	
AST installation/removal		asbestos/lead consulting	
bio-remediation		environmental engineering	
emergency response cleanup		environmental expert witness	
environmental drilling		environmental permitting	
fire/water damage restoration		environmental project management	
hazardous waste cleanup	5	geophysical studies	
industrial cleaning		hydrogeological consulting	
lab packing/drum handling		industrial hygiene/health & safety training	
landfill construction		mold assessments	5
mold abatement	40	phase I environmental assessments	
monitoring well installation/drilling		phase II & III environmental assessments	
PCB removal		process engineering	
radon mitigation		regulatory compliance consulting	
sampling		remedial design	
sandblasting		remediation oversight	
septic tank contracting/cleaning		soil & groundwater testing/analysis	
service station construction & maintenance		waste brokering	
sewer main/sewer pipeline contracting		wetlands consulting	
soil remediation		other:	
solar panel installation		<b>total environmental consulting services*:</b>	
tank cleaning		general contracting	
UST installation/removal		HVAC/mechanical contracting	
tank lining installation		interior demolition	5
waste oil recycling		painting	
wastewater/water treatment systems		paving/street & road construction	
wetlands contracting		plumbing	
other: AIR PURIFICATION/ODOR REMOVAL	40	roofing	
<b>total environmental contracting services*:</b>	85	other: N/A	
		<b>total non-environmental contracting services*:</b>	15

1. In the past year, has any claim, suit, or notice of incident been made against your firm, a predecessor firm or an organization for which your firm has assumed liabilities, that you have not already reported to the Company?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
2. Is the applicant aware of any circumstances which may result in any or any claim whatsoever, 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 and/or has any claim, suit, or notice of incident been made against the firm or any staff member? If yes, please attach full details on each.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3. What percentage of projected receipts is subcontracted to others?	<input type="checkbox"/> %
4. Within the last year, has the applicant acquired, merged, sold any other entities or operated under another name? If yes, please explain.	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

#### FRAUD WARNING

**ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE UNDERWRITER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ARKANSAS, HAWAII, LOUISIANA, MARYLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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 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 claimant with regard to a settlement or award payable from 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 insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 denial of insurance benefits.

**NOTICE TO MICHIGAN AND MINNESOTA APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another 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 act, which is a crime and subjects the person to criminal and civil penalties.

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

**NOTICE TO NEW MEXICO AND RHODE ISLAND 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 AND KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud an 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 New York applicants shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**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 a 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 the person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that the statements set forth herein are true. For New Hampshire Applicants, the foregoing statement is limited to the best of the undersigned's knowledge, after reasonable inquiry. The signing of this Application does not bind the undersigned to complete the insurance. It is represented that the statements contained in this Application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon the Insurer in issuing any policy. The Insurer is authorized to make any investigation and inquiry in connection with this Application as it deems necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This Application and materials submitted with it shall be retained on file with the Insurer and shall be deemed attached to and become part of the policy if issued. For North Carolina, Utah and Wisconsin and Applicants, such Application and materials are part of the policy, if issued, only if attached at issuance.

It is agreed in the event there is any material change in the answers to the questions contained in this Application prior to the effective date of the policy, the Applicant will immediately notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the Insurer's discretion.

applicant's signature <i>Eddie Restani</i>	date <i>8/24/25</i>
print name <i>EDDIE RESTANI</i>	title <i>OWNER/CEO</i>

**PROJECT LIST** (Please list your most recent projects with a brief description and estimated receipts)

Project Name/Type 213 S BERKLEY	Project Description: 8/21/25 TEST A.Q. & FOR POSSIBLE MOLD <del>\$325</del>
AIR QUALITY & MOLD TEST	Gross Receipts: \$325
Project Name/Type 5117 MADISON ST.	Project Description: 8/15/25 ATTIC MOLD REMEDIATION <del>\$1,495</del>
MOLD REMEDIATION	Gross Receipts: \$1,495
Project Name/Type 2214 W HOMER ST.	Project Description: 8/11/25 MOLD CONSULTATION <del>\$125</del>
MOLD CONSULTATION	Gross Receipts: \$125
Project Name/Type 101 BUTTERCUP BLANK	Project Description: 8/9 & 8/10/25 CLEAN/SANITIZE MOLD IN AIR <del>\$1,500</del>
<del>AIR/</del> <del>MOLD</del> AIR MOLD CLEANING	Gross Receipts: \$1,500
Project Name/Type 5735 VIRGINIA	Project Description: 7/26 & 7/27/25 CLEAN/SANITIZE MOLD IN AIR
AIR MOLD CLEANING	Gross Receipts: <del>7/28 &amp; 7/25/25</del> \$1,995
Project Name/Type <del>AIR MOLD CLEANING</del>	Project Description: CLEAN/SANITIZE MOLD IN AIR 7/24 & 7/25/25
6158 S AUSTIN AIR MOLD CLEANING	Gross Receipts: \$2,995
Project Name/Type 2824 AVE LOIRB	Project Description: 7/7 AIR QUALITY TEST
A.Q. TEST	Gross Receipts: \$325
Project Name/Type 1400 CARLTON CIR	Project Description: 7/9 ATTIC, GARAGE & CRAWL SPACE MOLD REMEDIATION
MOLD REM	Gross Receipts: \$2,550.





# FIRST INDEMNITY INSURANCE GROUP

COMPREHENSIVE COVERAGE FOR ATTORNEYS & HOME INSPECTORS

One Beacon Street  
Suite 33200  
Boston, MA 02108

Clean Air Restoration, Inc.  
35 Norfolk Ave  
Clarendon Hills, IL 60514

## INVOICE

Customer	Clean Air Restoration, Inc. 22323
Date	10/15/2024
Customer Service	John Remark John Remark
Page	1 of 1

Payment Information	
Invoice Summary	\$3,164.00
Payment Amount	
Payment for:	Invoice# 126179
ENC0010637-02	

Thank You

Please detach and return with payment

Customer: Clean Air Restoration, Inc.

Invoice	Effective	Transaction	Description	Amount
126179	11/10/2024	Renewal Policy	Policy #ENC0010637-02 11/10/2024-11/10/2025 Lloyds of London via Jimcor	
			Brokerage Fee - Renewal Policy	\$530.00
			Commercial General Liability - Renewal Policy	\$2,500.00
			Filing Fee - Renewal Policy	\$45.00
			Illinois Stamping Fee - Renewal Policy	\$1.00
			Illinois State Tax - Renewal Policy	\$88.00
			Thank you for your check payment in full	
				Total
				\$3,164.00
				Thank You

Please Remit To:

First Indemnity Insurance Agency, Inc.  
One Beacon Street  
Suite 33200  
Boston, MA 02108

781-581-2500

Date

10/15/2024

10/15/2024 12:18:06



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> First Indemnity Insurance Agency, Inc. One Beacon Street Suite 33200 Boston, MA 02108	<b>CONTACT NAME</b> John Remark	
	<b>PHONE (AC No. Ext)</b> 202-465-4306	<b>FAX (AG No. Ext)</b> 202-478-0856
<b>INSURED</b> Clean Air Restoration, Inc. 35 Norfolk Ave Clarendon Hills, IL 60514	<b>E-MAIL ADDRESS</b> john@professionalliabilityusa.com	
	<b>INSURERS AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Lloyds of London via Jimcor	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

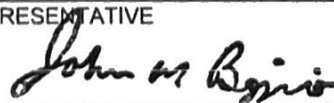
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS				
A	<b>GENERAL LIABILITY</b>			ENC0010637-02	11/10/24	11/10/25	EACH OCCURRENCE	\$1,000,000			
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						DAMAGE TO RENTED PREMISES (Fa occurrence)	\$50,000			
	<input type="checkbox"/> <b>CLAIMS MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>						MED EXP (Any one person)	\$5,000			
	<input type="checkbox"/>						PERSONAL AND ADJ INJURY	\$2,000,000			
	<input type="checkbox"/>						GENERAL AGGREGATE	\$2,000,000			
	<input type="checkbox"/>						PRODUCTS - COMP/OP AGG	\$2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER										
	<input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>										
	<b>AUTOMOBILE LIABILITY</b>									COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> <b>ANY AUTO</b>									BODILY INJURY (Per person)	
<input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b>						BODILY INJURY (Per accident)					
<input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						PROPERTY DAMAGE (Per accident)					
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b>						EACH OCCURRENCE				
	<b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS MADE</b>						AGGREGATE				
	<input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>										
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER			
	ALL PROPRIETOR/PARTNER/EXECUTIVE OFFICE MEMBER EXCLUDED?						E.L. EACH ACCIDENT				
	(Mandatory in NH)	Y/N	N/A				E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>					E.L. DISEASE - POLICY LIMIT				
							Each Claim:				
							General Aggregate:				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)

Environmental GL

**CERTIFICATE HOLDER****CANCELLATION**

Insured	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND TO THE INSURER, ITS AGENTS OR REPRESENTATIVES
	AUTHORIZED REPRESENTATIVE 



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

8/13/2025

NEW AGENCY	PHONE (A/C, No, Ext): (959) 205-9982	INSURANCE COMPANY NAME	
	FAX (A/C, No):	Lloyds of London	
MS-JCR Inc DBA Madrona Insurance 17 Orchard Street			
Vernon CT 06066			
E-MAIL ADDRESS: magaly@madronainsurance.com			
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Clean Air Restoration, Inc	ENC0010637-02	11/10/2024	11/10/2025	Environmental and Pollution

Please be advised that we wish to name \_\_\_\_\_ PRODUCER  
\_\_\_\_\_ CODE # as our exclusive representative effective \_\_\_\_\_ DATE  
for the lines of business shown above, currently in force or submitted  
by application.

This authorization replaces any other authorization that may have been  
previously completed for any other insurance representative for the  
stated lines of business.

Eli Darian 8/14/25  
INSURED'S SIGNATURE DATE  
OWNER / CEO  
TITLE (IF APPLICABLE)  
Clean Air Restoration, Inc.  
COMPANY NAME (IF APPLICABLE)  
35 NORFOLK AVE  
STREET ADDRESS OF INSURED  
CLARENDON HILLS IL 60514  
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED



Magaly Salazar  
magaly@Madronainsurance.com  
959-223-9982  
www.madronainsurance.com  
PO BX 93 Vernon CT 06066

## Remediation Coverage SERVICE BUSINESS PACKAGE LIABILITY APPLICATION NEW BUSINESS

E-MAIL COMPLETE SUBMISSION TO:

magaly@madronainsurance.com

ATTACH ADDITIONAL PAGES TO PROVIDE ADDITIONAL INFORMATION REQUESTED

THIS APPLICATION IS FOR AN INSURANCE POLICY OFFERING SOME COVERAGES ON A CLAIMS-MADE AND REPORTED BASIS. PLEASE READ THE POLICY, ENDORSEMENTS, AND ALL NOTICES CAREFULLY AND DISCUSS THE COVERAGE AFFORDED WITH YOUR AGENT OR BROKER.

### PART I – Coverage Requested (check all that apply)

Effective Date: \_\_\_\_\_

“Claims-Made” or “Occurrence” Coverage is available for Contractors Pollution Legal Liability Coverage.

“Claims Made” only coverage is available for Professional Liability and Environmental Impairment Liability, Disposal Site and Products Pollution Liability Coverage.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | <input type="checkbox"/> PROFESSIONAL LIABILITY | <input type="checkbox"/> CONTRACTORS POLLUTION LIABILITY |
| <input type="checkbox"/> ENVIRONMENTAL IMPAIRMENT LIABILITY      | <input type="checkbox"/> EXCESS LIABILITY       |  |

### Supplemental Pollution Coverages (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> TRANSPORTATION POLLUTION LIABILITY | <input type="checkbox"/> NATURAL RESOURCE DAMAGES   | <input type="checkbox"/> MICROBIAL SUBSTANCES               |
| <input type="checkbox"/> DISPOSAL SITE LIABILITY            | <input type="checkbox"/> PRODUCTS POLLUTION (Sales) | <input type="checkbox"/> PRODUCTS POLLUTION (Mfg. / Design) |

### Supplemental General Liability Coverages (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> HIRED/NON OWNED AUTO | <input type="checkbox"/> EMPLOYEE BENEFITS LIABILITY | <input type="checkbox"/> STOP GAP COVERAGE (ND, OH, WA, WY) |
|---|--|---|

### Supplemental Excess Coverage Enhancements (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> EXCESS COMMERCIAL AUTO | <input type="checkbox"/> EXCESS EMPLOYERS LIABILITY |
|---|---|

Limits Desired: \$ SAME AS PREVIOUS INSURANCE

Deductible Options (check all that apply): ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ Other: \$ \_\_\_\_\_

### PART II – Applicant Information:

Applicant Entity Name: CLEAN AIR RESTORATION Year Established: \_\_\_\_\_  
DBA: \_\_\_\_\_ FEIN: \_\_\_\_\_ Contact Name, Title: EDDIE REISTAN / OWNER CEO  
Corporate Mailing Address: 35 NORFOLK AVE, CLARENDON HILLS, IL 60514  
Applicant is: ☐ Sole Proprietor ☐ Partnership ☐ Joint Venture ☒ Corporation ☐ Other  
Does the applicant have: ☐ Subsidiaries ☐ Parent Company ☐ Related Entities  
Has the applicant, affiliate, or predecessor entity ever been (or is currently) the subject of bankruptcy related restructuring, insolvency or other debtor related proceeding, or has it made an assignment for the benefit of creditors. ☐ Yes ☒ No (If yes, attach additional details)  
Website: \_\_\_\_\_

### PART III – Expiring Insurance Program:

- Do you currently have a similar Service Business or an Environmental Package Policy? ☒ Yes ☐ No  
If yes, please provide a copy of your current Policy, Declarations and list of Endorsements.
- Has any carrier refused to renew or has initiated a cancellation with respect to a policy issued to the applicant? ☐ Yes ☒ No  
(If yes, attach additional details)



**PART IV – Annual Revenues:**

1. Estimated Gross Revenues for current fiscal year \$ 75,000 Next fiscal year \$ 90,000 Prior fiscal year \$ 63,000
2. What percentage of estimated revenue is generated by wrap up projects? N/A %
3. What percentage of estimated revenue is generated by subcontracting work to others? 1 %
4. Describe the services typically subcontracted to others demo/T DEMO
5. What percentage of estimated revenue is generated from work in New York State (including 5 boroughs)? N/A %
6. What percentage of estimated revenue is generated from Fracking or Fracking Related Operations? N/A %
7. What percentage of total operating revenue come from services for new residential construction? N/A %
8. What percentage of total operating revenue come from services for new Tract, Condo, Townhome, Duplex, Triplex or Patio Home developments? N/A %
9. Allocate the percentage of geographic revenue: Domestic 100 % Foreign N/A %
10. Describe the type of operations engaged in, outside of the United States and Canada. Include a list of countries where operating.
11. Specify which states, within the United States, operations are conducted. IL
12. Will revenue be generated in this current fiscal year or the next fiscal year from new contracting, professional, technology services or from any new process? If yes, explain. N/A

**PART V – Client Type:**

1. Specify below the applicants client type by percentage. Total must equal 100%.
- |                          |                         |                            |                             |                        |                    |
|--------------------------|-------------------------|----------------------------|-----------------------------|------------------------|--------------------|
| Commercial <u>10</u> %   | Industrial <u>   </u> % | Manufacturing <u>   </u> % | Residential <u>90</u> %     | Private <u>   </u> %   |                    |
| Federal Gvt <u>   </u> % | State Gvt <u>   </u> %  | Local Gvt <u>   </u> %     | Transportation <u>   </u> % | Utilities <u>   </u> % | Other <u>   </u> % |

**PART VI – Staffing:**

1. Specify the total members of staff employed: Total N/A Directors / Principals     Licensed Professionals      
Unlicensed Professionals     Clerical/Admin

**PART VII– Claims History:**

1. Has Applicant ever been subject to any claim by a client or other third party? ☐ Yes ☒ No
2. In the past 5 years, has the Applicant or related entity become aware of any circumstances that could result in a claim, suit or notice of incident being brought against them? ☐ Yes ☒ No
3. In the past 5 years has the Applicant or any related entity been the subject of a disciplinary action as a result of their professional activities? ☐ Yes ☒ No
4. Has Applicant submitted a GL,CPL,PL or EIL insurance claims in the last 3years? ☐ Yes ☒ No

Attach Loss Runs. If "Yes" has been answered to any question in this section, provide the dates of all claims, actions, suits or notices; dates the acts, errors, omissions gave rise to the claims, suits, actions or notices; names of all claimants; the nature of all claims, actions, suits or notices; the amounts initially demanded; the maximum amount of reserves established; and any / all final dispositions including all settlement amounts.

**PART VII – Insured Operations:**

1. Does the Applicant use a standard written contract with clients? ☐ Yes ☒ No (If yes, submit with this application)
2. Does the Applicant's contract with clients contain a limitation of liability clause? ☐ Yes ☒ No ? INDEMNIFICATION
3. Does the Applicant offer service representations & warranties? ☒ Yes ☐ No
4. Does the Applicant use a standard written contract with its sub-contractors? ☐ Yes ☒ No (If yes, submit with this application)
5. Does the Applicant require subcontractors to:
- a) Provide additional insured status? ☒ Yes ☐ No WE ASK FOR PROOF OF INSURANCE
  - b) Waive Subrogation rights? ☐ Yes ☒ No
  - c) Provide hold harmless and indemnification to the extent possible by law? ☐ Yes ☒ No
  - d) Carry minimum limits of liability of 1MM for GL,CPL,PL? ☐ Yes ☒ No
6. Does the Applicant have an in house continuing education program? ☐ Yes ☒ No
7. Are the Applicant's personnel trained in the use of personal protective equipment? ☒ Yes ☐ No
8. Does the Applicant have personnel responsible for environmental compliance? ☒ Yes ☐ No
9. Does the Applicant select disposal sites for hazardous or non-hazardous waste disposal? ☒ Yes ☐ No
10. Does the Applicant arrange for the disposal of hazardous or non-hazardous waste? ☒ Yes ☐ No
11. Does the Applicant own, operate or lease waste treatment, storage or disposal facilities? ☐ Yes ☒ No
12. Does the Applicant have written Spill Prevention, Control and Countermeasure(SPCC) Plan ☐ Yes ☒ No
13. Does the Applicant have corporate contracts reviewed by counsel? ☐ Yes ☒ No

**PART VII – Insured Operations (continued):**

14. Does the Applicant make use of short term labor?

☐ Yes ☒ No

15. Do you use Drones as part of the services you provide?

☐ Yes ☒ No**PART IX – Contracted and Professional Services:**☐ DOES NOT APPLY  
☐ Yes ☒ No

1. Has the applicant discontinued or offered any new services over the past 12 months?

2. Provide percentage of gross revenue derived from operations. Total percentage for A,B. and C below must equal a cumulative 100%

**A. Professional Services****%**

Asbestos Consulting	___%	Mold Consulting	<u>5</u> %
Environmental Consulting	___%	Non-Environmental Consulting	___%
Environmental Engineering	___%	Non-Environmental Engineering	___%
Construction Materials Testing	___%	Energy Consulting	___%
Corrosion Consulting	___%	Corrosion Engineering	___%
Env. Permitting and Regulatory Compliance	___%	Chemical Engineering	___%
Environmental Assessments – Phase I	___%	Environmental Assessments – Phase II and III	___%
Expert Witness Services	___%	Environmental Laboratory Services	___%
Fracking / Natural Gas Consulting	___%	Fracking / Hydraulic Fracking System Design	___%
Geology and Hydrogeology Consulting	___%	Geotechnical Engineering	___%
HVAC / Mechanical / Electrical Design	___%	Industrial Hygiene, Health and Safety Consulting	___%
Injection Well Design & Consulting	___%	Lead / PCB Consulting	___%
Mud / Drilling Fluids Engineering	___%	Mud Logging	___%
Oil Field Consulting	___%	Hydrogen Sulfide Monitoring	___%
Pipeline Inspections & Consulting	___%	Pollution Control / Management Consulting	___%
Remediation Design and Oversight	___%	Sampling – Soil, Groundwater, Air	___%
Software Consulting and Design	___%	Environmental Surveying	___%
Training	___%	UST/Storage Tank Testing & Consulting Services	___%
Water Treatment System Consulting / Design	___%	Waste Management Brokering / Consulting	___%
Wetlands Delineation & Engineering	___%	Environmental Technology Consulting / Design	___%
Residential Tract / Condo / Townhouse	___%	Other: _____	___%

**B. Environmental Contracting Services****%**

Asbestos Abatement	___%	Cathodic Protection Installation / Service	___%
Dredging and Marine Services	___%	Emergency Response	___%
Fracking	___%	Fuel Oil Delivery	___%
Hazardous Material and Waste Cleanup	<u>1</u> %	Industrial Cleaning	___%
Lab packing Drum Handling	___%	Pesticide Application	___%
Landfill Operations / Maintenance	___%	Landfill Liner Installation	___%
Lead Abatement	___%	Mold Abatement / Remediation	<u>40</u> %
Medical Waste Pickup & Transportation	___%	PCB Handling / Removal	___%
Monitoring Well Drilling	___%	Oil Well Drilling	___%
Water Well Drilling	___%	Other Misc. Drilling	___%
Piping Installation / Cleaning	___%	Pipeline Leak Detection	___%
Remediation Action Services	___%	Service Station Construction	___%
Soil Excavation – Contaminated Materials	___%	Soil Excavation – Non-Environmental	___%
Soil, Groundwater Boring	___%	Thermal Treatment	___%
Septic Tank Cleaning	___%	Tank Cleaning and Removal	___%
Tank Installation – UST's	___%	Tank Installation – AST's	___%
Residential Tract / Condo / Townhouse	___%	Other: _____	___%

**C. General Contracting Services****%**

Bridge Construction	___%	Carpentry	___%
Concrete	___%	Construction	___%
Demolition / Dismantling	<u>5</u> %	Electrical	___%
Excavation	___%	Fencing	___%
General Contracting	___%	HVAC	___%
Hydro-blasting	___%	Janitorial / Maintenance	___%
Landscaping	___%	Mining	___%
Painting	___%	Pile Driving	___%
Pipe Installation / Cleaning	___%	Plumbing	___%
Project Management	___%	Restoration Services	___%
Rigging	___%	Roofing or Insulation	___%
Street / Road Paving Services	___%	Tunneling	___%
Other: _____	___%	Other: _____	___%



**PART X – Transportation Pollution Liability Supplemental**☒ **DOES NOT APPLY**

1. Coverage would apply to: ☐ Owned Autos ☐ Leased Autos ☐ Non-owned Autos
2. Does insured pull double trailers? ☐ Yes ☐ No
3. Does applicant have a driver's handbook? ☐ Yes ☐ No A written transportation safety program? ☐ Yes ☐ No  
A written vehicle maintenance program? ☐ Yes ☐ No Annually review MVR's and prior to driver hire? ☐ Yes ☐ No
4. What is the minimum age of driver allowed? \_\_\_\_\_ Maximum? \_\_\_\_\_  
# of drivers under 25: \_\_\_\_\_ # of drivers over 65: \_\_\_\_\_
5. How many of the current drivers have been with the insured less than two years? \_\_\_\_\_ More than five years? \_\_\_\_\_
6. On average, what percentage of any given load is comprised of hazardous materials? \_\_\_\_\_ %
7. Please identify and provide a specific description of all hazardous materials/substances transported.
- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> Medical Waste     | <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Contaminated Soil            |
| <input type="checkbox"/> Flammable Gas   | <input type="checkbox"/> Non-Flammable Gas | <input type="checkbox"/> Poisons              | <input type="checkbox"/> Liquified Compressed Gas     |
| <input type="checkbox"/> Fracking Waste  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____          | <input type="checkbox"/> Non-Liquified Compressed Gas |

Material Description & Shipping Name	Maximum Quantity Carried per Vehicle	Method of Containment or Packaging
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 8. Schedule of Equipment Operated

COMPLETE THE GRID BELOW							
Type	Owned	Leased w/o Driver	Leased Owner-Ops	Local 0-50	Intermediate 51-200	Long-Haul 200+	Total Units
Personal Passenger Vehicles	_____	_____	_____	_____	_____	_____	_____
Light Trucks (Commercial)	_____	_____	_____	_____	_____	_____	_____
Medium Trucks	_____	_____	_____	_____	_____	_____	_____
Heavy Trucks	_____	_____	_____	_____	_____	_____	_____
Truck-Tractors	_____	_____	_____	_____	_____	_____	_____
Semi-Trailers	_____	_____	_____	_____	_____	_____	_____
Pull Trailers	_____	_____	_____	_____	_____	_____	_____
Yard Vehicles/Off Road Units	_____	_____	_____	_____	_____	_____	_____
Service Vehicles	_____	_____	_____	_____	_____	_____	_____

## 9. Provide Schedule of Autos

COMPLETE THE GRID BELOW OR ATTACH A LIST CONTAINING THIS INFORMATION							
#	Year	Make	Type	GVW	Vehicle ID Number	Max Radius	Garage Location
1							
2							
3							
4							
5							
6							

10. Attach Driver Information. Include date employed, birth date, license #, license state and number of MVR violations in last 3 years.

11. Has your insurance coverage for this type of risk transfer ever been: Canceled? ☐ Yes ☐ No Declined? ☐ Yes ☐ No  
Non-renewed? ☐ Yes ☐ No

**PART XI – Products Pollution Supplemental**

☒ DOES NOT APPLY

1. Provide a brief description of the product (s) for which coverage is desired as well as associated uses.

2. The Named Insured is engaged in the following: ☐ Product Design ☐ Product Manufacturing  
☐ Product Distribution ☐ Product Sales

**Distribution & Sales** ☐ DOES NOT APPLY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 3. Do you sell any finished products on a retail basis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you handle or sell any products manufactured overseas?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you actively handle or sell any products that have been discontinued?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you offer an additional warranty to the manufacturer's warranty?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has your organization been served with any product claims or suggested recalls?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does each unit you handle or sell contain a distinct product/ batch identifier code?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you also assemble/install/ or service any products you handle or sell?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Do you ever repackage / re-label any merchandise you do not manufacture, as it was your own? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you always require your manufacturer s to show evidence of insurance coverage?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Design** ☐ DOES NOT APPLY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 12. Have any products been newly designed or old products re-engineered & distributed in the last 24 months?<br>If yes, please describe product and designed consumer use. _____                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are any new products being designed or going to be designed over the next 12 months?<br>If Yes, please describe product, describe practical use and describe the timing of marketplace distribution. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are any products currently distributed or planned to be distributed outside of the United States?<br>If Yes, describe geographical distribution plans. _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are your products designed, tested, labeled to meet or exceed all applicable industry standards?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are written quality control and testing procedures followed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have any previously designed products been recalled or prior products discontinued?<br>If Yes Describe: _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Does the applicant ever require for warnings to be attached to the products they design?<br>If Yes, describe the products and circumstances involved that require such warnings: _____                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Do you require mandatory R&D prior to engaging in the design of any product?<br>If Yes, submit standard operating procedures describing required research and development. _____                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you manufacture any products you also design?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Do you have a written product recall plan in place?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Manufacturing** ☐ DOES NOT APPLY

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 22. Do you distribute your manufactured products on a wholesale only basis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have any new products been manufactured and distributed to the marketplace in the last 24 months   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. If Yes, please describe product and designed consumer use. _____   |                              |                             |
| 25. Are your products manufactured to meet or exceed all applicable industry standards?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have any new products been manufactured at locations outside of the domestic United States?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Have any formerly manufactured products been discontinued?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Do you provide intended use and expected life warnings for all products you manufacture?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Has your firm been served with any product claims or suggested manufacturer recall?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. Are product quantities and batch numbers recorded for each of you purchasing clients?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. Are any component parts used in your manufacturing process purchased from other firms?<br>If yes, are any component parts manufactured in countries other than the United States?<br>If yes, list all manufacturing countries. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Do your purchasing vendors require being named as an additional insured on your insurance?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. Does your firm have a written product recall plan?<br>If yes, when was this plan last updated? _____   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## PART XII – Microbial Substances

☐ DOES NOT APPLY

- Estimated Gross Revenues from microbial related services in this fiscal year \$ 90,000 . Prior fiscal year \$ 25,000 .
- In which States do you perform this work? IL .
- What percentage of estimated revenue is generated by subcontracting microbial related services to others? 0 %
- Provide detail pertaining to the revenue your firm generates from different types of Mold operations:

	Total Revenue %	Generated By Insured %	Generated By Sub Contractors
2024			
Mold remediation	\$ 25,000 ; 40%	%	%
Mold testing/analysis/lab services	\$ 3,150 ; 5%	%	%
Mold Sampling	\$ 0 ; 0%	%	%
Remediation Design Consulting	\$ 0	%	%
Remediation Contracting	\$ 0	%	%
Proj. Mgmt. w/ Supervision	\$ 0	%	%
Other:	\$ 0	%	%
<b>Total Microbial Related Receipts</b>	<b>\$ 28,150</b>	<b>%</b>	<b>%</b>

- What Percentage of total operating revenue is attributable to work for insurance companies? 0 %
- Are mold related subcontractors/ sub consultants hired under written contracts? N/A ☐ Yes ☒ No
- Are sub consultants required to carry Professional Liability Insurance? N/A ☐ Yes ☐ No
- Who in your firm determines the extent of existing contamination? Name(s): EDDIE RESTANI  
Provide the resume(s) of the people who this work for you.
- Do you present clients with remedial alternatives prior to performing mold remediation services? ☒ Yes ☐ No
- Do you present clients with limitations of each alternative presented? ☐ Yes ☐ No
- Do you always qualify that conditions causing contamination are corrected before mold/ fungus remediation begins? ☒ Yes ☐ No
- Do you ever accept responsibility to diagnose, correct, or warranty against moisture problems that contribute to creating mold problems? ☐ Yes ☒ No
- Do you perform bulk and/or surface sampling prior to and after remediation?  
If yes, submit resume of the person responsible. ☒ Yes ☐ No
- Are mold samples analyzed by an independent laboratory? ☒ Yes ☐ No
- Do you perform air quality testing prior to, during and after remediation? ☒ Yes ☐ No
- Are final clearance criteria always established before mold remediation begins? ☒ Yes ☐ No
- Has your firm ever failed to achieve final clearance the first times?  
After re-cleaning? N/A ☐ Yes ☒ No
- Who makes the final decision as to when mold remediation is complete? Provide the resume(s) of the people who do this work for you. EDDIE RESTANI, SEE MY WEBSITE: CLEANAIRRESTORATION.NET ☐ Yes ☒ No
- Will you perform HVAC duct cleaning? ☐ Yes ☒ No
- Will you introduce biocides into the HVAC system? N/A ☐ Yes ☐ No

## PART XIII – Environmental Impairment Liability (Site Specific)

☒ DOES NOT APPLY

- Locations: Number of Owned/Operated Locations: N/A  
Number of Locations Requiring Insurance: N/A
- List of Properties to be Covered by This Insurance: Provide Location #, Address, City, State, Zip Code  
☒ Current Policy Site Schedule or Location Spreadsheet Attached ASK ACBMP  
☐ Information Not Available
- Prior Claims, Events, Circumstances: For all locations, list all environmental events, circumstances of claims for losses paid or incurred over the past three years. ☐ No Losses at Any Location ☐ Losses Runs Attached
- Will any location be sold or transfer to a different operator within the next 12 months? ☐ Yes ☐ No
- Will any location be investigated for contamination within the next 12 months? ☐ Yes ☐ No
- Do you have any knowledge of events or circumstances that may cause any covered location to be the subject of any remedial activity within the next 12 months? ☐ Yes ☐ No

**EIL Coverage is Location Specific.**

**Copy and Complete this page – one for EACH location requesting EIL coverage.**

Location Number: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Address of Covered Location: \_\_\_\_\_

**Location Control:**

☐ Owned/Occupied

☐ Owned/Rented to Others

☐ Operating Only

**Location Operations:**

☐ Petroleum Marketer

☐ Bulk Plant

☐ Municipality

☐ Golf Course

☐ Marina

☐ Auto Dealer / Repair

☐ Car Wash

☐ Commercial Property

☐ College/University / School Dist

☐ Warehouse / Storage

☐ Hospital / Healthcare

☐ Manufacturer

☐ Other Description of Operations: \_\_\_\_\_

**Site Conditions**

1. Prior Use of Site: \_\_\_\_\_
2. Describe Planned Improvements/Upgrades and Timing: \_\_\_\_\_
3. Is there any known contamination at this location? ☐ Yes ☐ No If yes, what is the current status?  
☐ Closed ☐ Under Investigation  
☐ Under Remediation ☐ Other
4. Please provide copies of most recent environmental reports on any investigation, remediation, and monitoring activities at the location.
5. Is this location subject to any Closure/Post Closure requirements per any Federal/State/Local regulations? ☐ Yes ☐ No.  
If yes, provide Closure/Post Closure Plans and evidence of financial responsibility.
6. Are you aware of any facts, circumstances, events or situations that could result in a claim being made against you for the release or threatened release of any pollutant from this locations? If yes, provide details. ☐ Yes ☐ No

**Storage Tanks**

☐ No, Aboveground or Underground Storage Tanks DO NOT exist at this location (Skip to Next Section)

☐ Yes, tank Coverage is desired (Complete Questions Below)

If Yes, provide details. All tanks existing at this location must be scheduled including number of tanks, year each installed or relined, tank capacity, tank construction, tank contents. Provide for each tank.

☐ Location Schedule from Prior Policy is attached

☐ Tank details spreadsheet is attached

1. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No
2. Are any inactive, closed in-place, or out-of-service tanks? ☐ Yes ☐ No  
If Yes: (a) Has the tank been removed? ☐ Yes ☐ No  
(b) Has the tank been filled with sand or other inert material? ☐ Yes ☐ No  
(c) Have state/local regulatory authorities provided closure documents? ☐ Yes ☐ No
3. Method of Leak Monitoring: ☐ Automatic Gauging ☐ Statistical Analysis ☐ Annual Testing  
(check all that apply) ☐ Shell Thickness Testing ☐ None
4. Are all tanks in compliance with Federal/State/Local regulations for construction, leak detection, overflow protection and corrosion protection? ☐ Yes ☐ No
5. During the past five (5) years, have there been any reportable spills or releases of any hazardous waste, petroleum products, regulated substance, or any other pollutant from any tank at this location? If yes, attach details. ☐ Yes ☐ No
6. Do any inactive or out-of-service aboveground storage tanks exist at this location? ☐ Yes ☐ No
7. Do any short term plans exist to upgrade, investigate, close, remove, abandon or replace any tanks at this location within the next 12 months? If yes, attach details applicable to each qualifying tank. ☐ Yes ☐ No

## COMPLETE SUBMISSION REQUIREMENTS

To obtain a bindable quote, the following information is required:

(Check all boxes below if attached)

- ☐ Virtue Risk's Services Business Package Liability Application, signed and dated by an owner, partner or officer of the applicant or another carrier's similar supplemental application.
- ☒ Current policy declarations and list of endorsements. *ASK ABOUT*
- ☐ Company Brochures if no website exists. *CLEAN AIR RESTORATION.NET*
- ☐ Resumes, Licenses, Certificates for Owners/ Principals / Senior Ranking Employees.
- ☐ Financials past three years.
- ☐ Loss Runs last five years per coverage being applied for in this application.
- ☐ Sample standard contact(s) used with clients and subcontractors.
- ☐ List of proposed Named Insureds / Additional Insureds and relationship interests to these entities.
- ☐ Information on pending corporate acquisitions.
- ☐ Information on past mergers, acquisitions, divestitures or corporate name changes within the past three years.
- ☐ Written quality control, health and safety, and confined space protocol, if applicable.
- ☐ If Excess coverage (Including Excess Auto and Employer's Liability) is desired, provide a copy of the underlying terms and conditions and Auto loss runs (three years).

### Products Pollution Supplemental Information Required (if applicable):

- ☐ Loss Runs for the last five years of currently valued Products Pollution loss claims.
- ☐ Prior Policy Form & Declarations for policy expiring with Products pollution coverage.
- ☐ Product specific hold harmless agreements required by Insured to be executed by clients and vendors.
- ☐ Product warranty provisions provided to clients and vendors.
- ☐ Product Brochure(s), labels instructions, and advertising materials.
- ☐ Quality Control Procedure and Product Recall Plan.
- ☐ Products Liability Loss Control Surveys or Recommendations.

### Environmental Impairment Liability Supplemental Information Required (if applicable):

- ☐ Tank Integrity - Passing tank and line tests on each tank for which insurance is requested.
- ☐ SPCC Plan and Emergency Response Plan.
- ☐ Compliance inspection checklist – by State where applicable.
- ☐ Insurance Declarations - copy of expiring declarations and endorsement list when available.
- ☐ Loss Runs - past three years and details of prior claims.
- ☐ Plans for sale of current locations, and/or plans for removal of existing tanks.
- ☐ Copies of all prior environmental reports (e.g., Phase I, Phase II, etc.).
- ☐ **Notice of any prior complaint, suit, violations regarding any pollution condition at any owned or operated location.**

### Microbial Substances Supplemental Information Required (if applicable):

- ☐ Provide Mold/Fungus Remediation – Standard operating Procedures. *SEE WEBSITE*
- ☐ Provide the standard contract or engagement letter used for mold projects.
- ☐ Provide the standard contract used with constantans, laboratories or subcontracts/ sub consultants.
- ☐ SOQ, licenses and/or training certifications for all personnel performing and/or supervising remediation operations.
- ☐ Resumes of the person or people who determine the extent of any mold contamination that exists.
- ☐ Resumes of the person or people who determine when mold remediation is complete.

So we can help you fulfill your commitments to your client, please let us know the date by which you will need to receive our quote.

Date Quote Needed By: \_\_\_\_\_

**E-MAIL COMPLETE SUBMISSIONS TO:**  
**magaly@madronainsurance.com**



## FRAUD WARNINGS

**FRAUD WARNING:** 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. **(Not applicable to Oregon.)**

**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 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer 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 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**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:** 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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK FRAUD WARNING:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

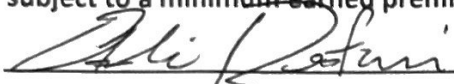


**COVERAGE NOTICE:**

This Application is for a CLAIMS MADE AND REPORTED POLICY. The Policy does not cover CLAIMS that took place prior to the Retroactive Date. This Policy only covers CLAIMS properly reported to the Company during the POLICY PERIOD or by the end of any EXTENDED REPORTING PERIOD. All coverage afforded by this policy ceases upon the termination of the policy and the AUTOMATIC EXTENDED REPORTING PERIOD (up to 180 days) unless the Insured purchases the OPTIONAL EXTENDED REPORTING PERIOD (up to 36 months). During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates, and that the insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

The undersigned applicant represents and warrants that the above statements and facts are true, complete and accurate and that the information contains no material misrepresentation of facts, and that no facts have been suppressed or misstated. All written statements and materials furnished in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof. Completion of this Application form does not bind coverage. Applicant's acceptance of the insurance company's quotation is required prior to binding coverage and policy issuance. The individual signing below represents that the answers provided herein are based on personal knowledge or a reasonable inquiry and/or investigation.

I acknowledge by signature to this Application that if I choose to cancel my Policy, the return premium will be calculated subject to a minimum earned premium or subject to a short rate penalty, whichever is greater.

Signature:  Title: OWNER/CEO  
Name: EDDIE ROBIANI Date: 8/24/25  
(Please print)

Name of Insurance Agent or Broker:

Madrona Insurance

magaly@madronainsurance.com

959-225-9982

License Number:

Signature of Insurance Agent or Broker:

Date: